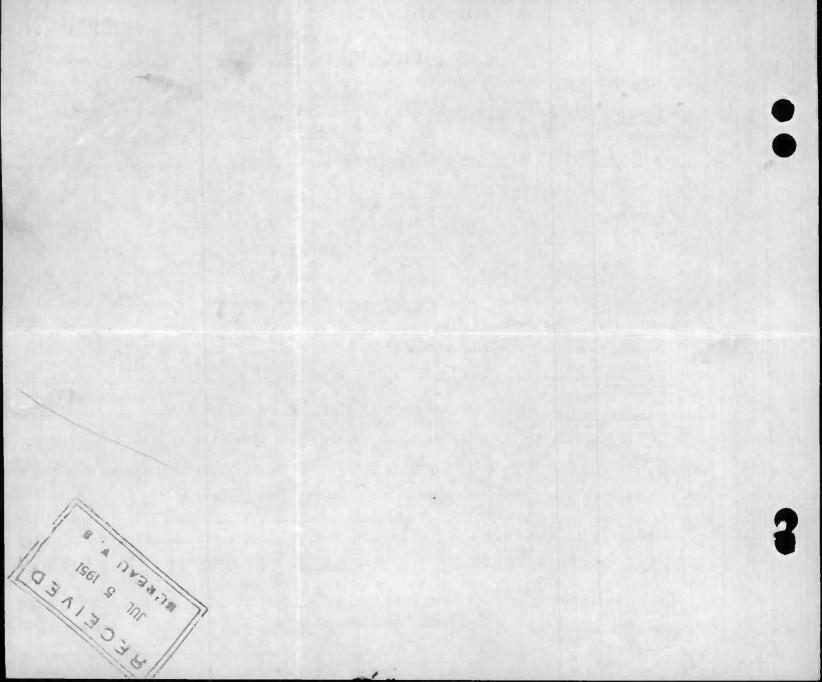
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05950

CERTIFICAT	TE OF DEATH Reg. Dist. No.	131
1. PLACE OF DEATH. Juderick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	essels;
CITY (If outside conforate limits, write RURAL and OR give nearest fown) (in) this place)	OR TOWN CONTROL OF TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR THE STREET ADDRESS THE device Memorial Hospital	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print)	Caugher DEATH Sume	(Day) (Year) 27 1981
5. SEX 4 6. COLOR Of RACE 7. SINGLEY MARRIED, WIDOWED, DIVORCED, (Specify) OLARSE	8. DATE OF BIRTH 9. AGE last hirthday II under Months	I year If under 24 hr
10a. USUAL OCCUPATION (Give kind of work done during most of working life even a retired) 10b. KIND OF BUSINESS OR INDUSTRY	md	2. CITIZEN OF WHAT COUNTRY?
John C. Bauglier	Margaret V Fritz	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Selve	tylowo lud
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RUFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Illuon au	2 achema	ONSET AND DEATH
Diseases or conditions, if any, (b). Clearly any, giving rise to the above cause	Lendate,	24 les
stating the underlying cause last (c)	Perlantes.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	Wiking May
22. I hereby certify that I attended the deceased from July	1, 19.57, to Jane 7 19.5%, that I last a	aw the deceased
alive on	ADDRESS m., from the causes and on the date st	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE. REMIOVAN (Specify)	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR	ADDRESS
The state of the s	Esbeitetown + peloodsbe	res, all.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05951

Reg. Dist. No. 3

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Frederick MARYLAND	STATE Meryland COUNTY Frederick
OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town) OR POWN Hughlinek
HOSPITAL OR INSTITUTION OR STREET ADDRESS & mergency Hospital	STREET ADDRESS 219 West Value St.
3. NAME OF DECEASED (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH TIME 2 9 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MATCHED, WIDOWED, DIVORCED, (Specify) DANSILY	S. DATE OF BIRTH 9. AGE last birthday H under 1 year Hours 24 hrs. Survey 29-57 yra. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business on a life work in the life	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Pruviel, Jack Bowman	14. MOTHER'S MAIDEN NAME Shill Lonelare
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Per. Muriel Barner 219 U. Patril D.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hydrops of	new born
769. O Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	1 sucher langot
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SUICIDE HOMICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. To the control of the control	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from the said	, 1957, to James 7, 1957, that I last saw the deceased
alive on 193, 193, and that death occurred at	ADDRESS nd on the date stated above. ADDRESS DATE SIGNED
BOOkomas Ma Fra	dereck Maryland Jime 29-51
REMOVAL (Specify) Plane 30, 1951 Worles	RY OR CREMATORY LOCATION (City, town, or county) (State),
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FENERAL DIRECTOR LAND SULLA ADDRESS
	hands will in the first

DECEIVED

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

05952

Reg. Dist. No. 131

I. PLACE OF DEATH- COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Frederick
MARCIDAND	Frederick
OR give nearest town) Frederick LENGTH OF STAY in this clase)	OR Rural - Frederick
HÖSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural, give location) Route 2
3. NAME OF (First) (Middle) DECEASED (Type or Print) Della S. B	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 6 4 1951
5. SEX 6. COLOR OR RACE 7. SINCLE, MARRIED, WILDOWS D. DIVORGED.	S. DATE OF BIRTH 3-18-1878 2. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even II retired) INDUSTRY OWN HOME 13. FATHER'S NAME	Maryland Country USA
Joseph Eckenrode	Irenada Horner
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, pp. or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS Frederick
None	Mrs. W. Harry Goodsell-Route 2- Maryland
18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Cardiac decs	rugernation, aute 6 for
500X Antecedent cause(s)	<i>(-</i>
Diseases or conditions, if any, giving rise to the above cause	Con 15 Ggs
61 stating the underlying cause last (c) Chronic	replactive source
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	reflection.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specily) PLACE (Home, farm, lactory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Work A work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Adding	19.50, to have 4, 19.57, that I just saw the deceased
alive on	2:30 A. m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
BURIAL (Specify) 6-7-1951 Mount Olive	et Cemetery Frederick- Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS C.E. Cline and Son-Frederick-Maryland
The state of the s	The state of the s

ISEL Z NUI.

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05953

eg. Dist. No. /3/

I. PLACE OF DEATH COUNTY	rederick	MARYLAND	2. USUAL RESIDENCE STATE Md		COUNTY Fred
TOWN give nearest	rporate limits, write RURA town) Libertytew	(In this piace)	Town Libert		AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRES	s Libertytow	m	STREET ADDRESS L	(If rural, give I bertytown	ocetion)
3. NAME OF DECEASED (Type or Print) Be	(First)	(Middle) Raymond	(Last) Brown	4. DATE (MOF DEATH Jun	onth) (Day) (Year) • 6. 1951 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARKIED, WIDOWED, DWORCHD (Specify) SINGLE	s. DATE OF BIRTH July 7.1887	9. AGE last hirthday	If under I year If under 24 hr Months Days Hours Min
done durios mostros w	TION (Give kind of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY ********	11. BIRTHPLACE (State	or foreign country)	I2. CITIZEN OF WHAT
13. FATHER'S NAMI	Richard E. Bro	wn	Julia Jenkins		
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES' (If was rive war or dates of	? 16. SOCIAL SECURITY No. 217-12-2903	Richard E. Bro	Address wm Liberty	town, Md.
94 a giving rise to stating the un	t cause(s) onditions, if any, the above couse derlying cause last (c) CANT CONDITIONS ing to the deeth but not	Ulona	my ree	luna	Curchere
	ATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL CAU PRIMARY OR COI CAUSE OF DEATH. TIME (Month) OF INJURY	NTRIBUTING OF	CE (Home, farm, factory, atreet, office bldg., etc.) INJURY OCCURRED While at Not while work at work	HOW DID INJURY O	m, Frede	COUNTY) (STATE)
from: natural SIGNATURE 23. BURIAL, CREMA REMOVAL (Specif Burial DATE REC'D BY L	DR. R. JUB POLITY METICAL TION DATE THEREO y) June 9	ins described above, held an an inquiry, find that said dece , suicide , homicide , , suicide , homicide , homicide , homicide , homicide , homicide , homicide , held an	undetermined ADDRESS TIELLUM RY OR CREMATORY	LOCATION (City, tow	DATE SIGNED 6 · 9 · 5 / 7, or county) (State)
REG Jeme 1	951 Elizabe	the b. It ech.	Charles E. Hic	and the same of th	ederick, Md.

VS. A15A

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Supply every item of information carefully. write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

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2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH- COUNTY Hederich MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY COUNTY OF DECEASED.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (It/outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Quago Cattage Samifars	STREET (If rural, give location)
3. NAME OF DECEASED (Middle) (Type or Print) (Middle) Lucy (Middle)	(Last) (Last) 4. DATE (Month) (Day) (Year) OF DEATH June 28 1957
5. SEX 6. COLOR OK RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowel	8. DATE OF BIRTH 9. AGE iast brinday If under 1 year If under 24 hrs. Months. Days Hours Min.
Ion. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HODESTRY 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTAPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Manie anderse
15. Was Decrased Ever In U.S. Admed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cerebral Hess	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, (b) Cerebrel G	rteriosclerosis 15gro/7)
S30 giving rise to the above cause stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	noffici illeur.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS ADDRESS ADDRESS ALTE SIGNED ALTE SIGNED ALTE SIGNED ALTE SIGNED ALTE SIGNED ALTE SIGNED
REG. 6-28-51 Lucian K. Falconer	Kalent a Temphrey
	Belles &a M&

N Nonect age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



2411 N. Charles Street, Baltimore

115955

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH	rick	MARWANA	2. USUAL RESIDENCE (HOME) OF DECEASI	ED. COUNTYFre	derick
	orporate limits, write RUR.	MARYLAND AL and LENGTH OF STAY Since in 1,127,179	OR Doubs			
HOSPITAL OR INSTITUTION OF STREET ADDRES	3 708 North Ma	irket Street	STREET ADDRESS	(If rural, give le	ocation)	
3. NAME OF DECEASED (Type or Print)	(First) MAGGIE	(Middle) VIRGINIA	(Last) CAREY	OF DEATH	onth) (Day 6 23	151
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	17 Dec 1866	9. AGE last birthday 84 yrs.	If under I year Months Days	If under 24 hrs Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business or Industry	Maryland	or foreign country)	12. CITE COUNT	ZEN OF WHAT RY? USA
John P. Hi	clman		Christiana S	ophia Comphe	r	01
(Yes, no, or,unknown)	ER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. Social Security No.	James F. Carey		erick, Md	
		18. MEDICAL CE	RTIFICATION		T	D
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	1			RVAL BUTWEEN OT AND DEATH
		& ITage			41	media
Immediate	cause (A)	and the same of th		·····		
	conditions, if any, (b)	Esters mysle	tis 1 star	kle	He	مد
154 stating the u	the above cause nderlying cause last (c)	Infected to	une ann	of antel	c 84	vecho
11. OTHER SIGNIFI Conditions contribu related to the disease		h.				
19a. DATE OF OPE	RATION 19b. MAJOR I	INDINGS OF OPERATION				AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA: OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (C		(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby certi	fy that I attended the	e deceased from	, 19 5 T, to	23 195/, that	I last saw th	e deceased
		d that death occurred at (Degree or title)			date stated a	
200	lionna	M. D.	Frederick, Mar		25 June	
BURIAL (Speci Burial	(ty) 26 June	1951 Mount Olivet	Cemetery	LOCATION (City, town		(State)
DATE REC'D BY I	51 Elizabe	SIGNATURE	M. R. Etchison			DRESS ryland



VS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05956

CERTIFICATE OF DEATH

Reg. Dist. No. 131

820105

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
CHTY- (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Frederick 20 years	Rural - Frederick
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Frederick Memorial Hospital	ADDRESS Route 1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECRASED (Type or Print) ANDREW	COLE DEATH June 26 1951
5. SEX 1 6. COLOR OR RACE 1 7. SINGLE. MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Male White Widowed, Married	October 5,1876 74 yrs. Months. Days Hours Min.
10m. USUAL OCCUPATION (Give kind of work 10m. Kind of Business on	1 11. BIRTHPLACE (State or foreign country) 1 12 Cirigra on Wille
done during most of working life, even if retired) INDUSTRY Farm	West Virginia Country? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshua Cole	Christina Day
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of NO 219-07-9197	Mrs. Andrew Cole, R.F.D.1, Frederick, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	I DEATH
Immediate cause (a)	4 000
143 / Antecedent cause(s)	
1931 Antecedent cause(s)	1. 1 NO 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Diseases or conditions, if any, (b)	a fill both Didelity
giving rise to the above cause stating the underlying cause last	In the state of
II. OTHER SIGNIFICANT CONDITIONS	TO PRILITY
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20, AUTOPSY?
DALE OF CHARLES	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No
SUICIDE Office bldg., etc.)	(ODDIE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	1 HOW DID INJURY OCCUR?
OF While at Not While	
	In the state of th
22. I hereby certify that I attended the deceased from	, 1948, to AMM 26, 1951, that I last saw the deceased
	2:00 Pe m., from the causes and on the date stated above. ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	LIA MAL - I
H JULIA	TUWWW Mg
	CRY OR CREMATORY LOCATION (City, town, or county) (State)
Burial June 28, 1951 Mount Carmel	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2) Fine 1951 Elizabeth y. Heck.	C. E. Cline & Son, Frederick, Maryland
	Q2/10 T



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05957

1. PLACE OF DEATH COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (R STATE Maryland	OME) OF DECEASED	COUNTY Frederick
CITY (If outside corporate limits, write RUR OR give nearest town) TOWN Emmitsburg-Rura	AL and LENGTH OF STAY			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Emmits		STREET ADDRESS Near	(If rural give lor Churmont	ation)
3. NAME OF DECEASED (First) JOSEPH		OPER	OF DEATH	
Male 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVERCED, (Specify) SINGLE	11 April 1935	9. AGE last birthday 16 yrs.	If under 1 year If under 24 hrs, Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business or Industriblic School	II. BIRTHPLACE (State of Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
John C. Cooper		Pina Williams	NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates service)	of None None	Andrew Cooper		
	18. MEDICAL CEI	RTIFICATION		1
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	1		INTERVAL BETWEEN ONSET AND DEATH
V	The state of the same	an Tract		Quitant
Immediate cause (a)	roet tilie	e of mas	- 67-0-84 HHOM HM HM - 2-04 - 2-04 10-0	Maralle
Antecedent cause(s)	- + +·1:	+1.1.1.10	. t. 1. I	00
Diseases or conditions, if any, (b)	row. will	r xuma og	4, pracue	re julan.
glving rise to the above cause stating the underlying cause last	nandible			
(c)				
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea 				
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	CU (Home, farm factory, street, office older, eps.)	Jur Emmital	own Fred	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY 6/3/5/ 2:450 m.	While at Not while work at work	How DID INJURY OC	acciden	*
22. I certify that I took charge of the reme			1. 11	
	ins described above, held an A	utopsy , Inspection	Inquiry thereo	in and from the evidence
from: natural causes \(\pi\). accident \(\pi\)	r Laquiry, find that said deced	used died on the day state	, Inquiry of thereod d above, and death	on and from the evidence in my opinion resulted
from: natural causes , accident SIGNATURE	r Laquiry, find that said deced	used died on the day state	, Inquiry of thereod d above, and death	on and from the evidence in my opinion resulted DATE SIGNED
from: natural causes [], accident [] SIGNATURE Charle Harries	r Lequiry, find that said deceded, suicide ☐, homicide ☐, (Degree or title)	used died on the dry state undetermined []. ADDRESS LEFTERMENT	d above, and death	DATE SIGNED 6/3/5/.
from: natural causes . accident	The Land Company of the control of t	used died on the day state undetermined ADDRESS LEFTERMENT RY OR CREMATORY 1	Inquiry Thereod above, and death above, and death above, and death above, and death above, town, ocation (City, town, Creagerstown	DATE SIGNED 6/3/5/. or county) (State)

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

05958

CERTIFICATE OF DEATH

Reg. Dist. No. 31

I. PLACE OF DEATH-		2. USUAL RESIDENCE (H	OME) OF DEC			
Frederick	MARYLAND	STATE Marylan	d	COUNT	FT	ederick
CITY (If outside corporate limits, write RUR/ OR givo nearest town) Frederick	AL and LENGTH OF STAY Lifetime	OR TOWN Ijamsv		RURAL and gi	ve nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Me	emorial Hospital	STREET ADDRESS	(If rural, a	give location)		
3. NAME OF (First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print) CHARLES	FRANCIS	CRAMER	OF DEATH	June	29	1951
6. COLOR OR RACE Male White	7. SINGLE, MARKIED, WIDOWED, DIVORCED. (Specify) WIDOWED	March 25.1872	AGE last birt	Months	I year I	f under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired)	10b. KIND OF BUSINESS OF INDUSTRY Restaurant	II. BIRTHPLACE (State or Maryland		yrs.	2. CITIZES	N OF WHAT
13. FATHER'S NAME	100 000 0110	14. MOTHER'S MAIDEN	NAME	1		0011
Ethan Alan Cramer		Susan Stein	er			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of leervice)	? 16. SOCIAL SECURITY NO. None	Mrs. Frank F. M	ADDRESS CKenzie.	Frederi	ck. M	d.
	18. MEDICAL CEI				1	
I. DISEASES OR CONDITIONS DIRECTLY						AL BETWEEN
	A . 1	11.			ONBET	AND DEATH
Immediate cause (a)	Aleukemic	leukemis	ø		20	Ldees
204,4 Antecedent cause(s)						
Diseases or conditions, if any, (b)		n may (1.5 1.5 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0		***************************************		
74 o giving rise to the above cause stating the underlying cause last						
(c)					1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deati						
19a. DATE OF OPERATION 19b. MAJOR F					1 20. AU	TOPSY?
					Yes [No □
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	OWN)	(COUNTY)		FATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?			
	_		100		-	. 64
22. I hereby certify that I attended the			2 1 10		. 6	
signature signature	d that death occurred at (Degree or title)	3:30. A.m., from the and ADDRESS	auses and on	the date st	ated abo	ove.
James 13. Thomas		freclonice, M	c'		.6/3	30/51
Burial Greenston DATE THEREO Burial July 2, 1		et Cemetery	CATION (City, Frede)	town, breouncick. Ma	_	(State)
DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTOR	1 3	***	ADDI	RESS
3				7		0



BUREAU Y.

M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

The correct age PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY

		FOR MEDICA	L EXAMINERS	Reg.	Dist. No. 13	L
I. PLACE OF DEAT COUNTY Free	rn. derick	MARYLAND		E (HOME) OF DECEAS	COUNTAILe	heny
CITY (If outside OR give neares TOWN	corporate limits, write RUR. t town) Frederick		CITY (If outside cor OR TOWN Wilki	porate limits, write RUR. .nsburg	AL and give neares	it town)
IIOSPITAL OR INSTITUTION O STREET ADDRI	or Ess Francis Scott	Key Hotel	STREET ADDRESS 1117	(If rural, give i Swissvale Av	enue	V
3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle)	CURTIS, SR.	4. DATE (MOF DEATH	fonth) (Day) 6 21	(Year
5. SEX Male	6. COLOR OR RACE White	7. SINGDE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 27 April 1901	y 10.	Months Days	If under 24 h
Engineer of		10b. Kind of Business on laing Construction	Pennsylv		12. CITIZI COUNTR	EN OF WILL
Truman C	Curtis		Mary M. Wa	gner	7 Swissval	A370
(Yes, no. or unknown)	EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)	174-07-7896	Mrs. J. A. Cu	rtis, Sr., Wil		
Diseases or giving rise stating the stating the	ent cause(s) conditions, if any, to the above cause underlying cause last (c)		J	elusion	Mary	udit.
related to the dise	atting to the death but not ase or condition causing deat ERATION 19b. MAJOR F	h. INDINGS OF OPERATION			20. A	UTOPSY1
	AUSE WAS ONTRIBUTING DEATH	CE (Home, Isrm, Inctory, street office bldg, Stc.)	HOW DID INJURY	wing to	COUNTY) (No X
DRATHRY 6. 22. I certify that obtained by sa	21 41 Pm. I took charge of the remaid Autopsy. Inspection of	White at Not white work at work	Autopsy , Inspection	ı XI. Inquiry XII ther	i in my opinio	he evidence n resulted FE SIGNEI
23. RUELLE, CREA Removal (Spr	ATION DATE THEREO	F NAME OF CEMET	cal Examiner, 1	rederick, Md. LOCATION (City, town Wilkinsburg,	vn, or county)	(State)

DATE REC'D BY LOCAL 23 PJune 1951

REGISTRAR'S SIGNATURE

SS. M. MARINA.

2 19

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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0000	U	Н.	_/
Reg. Dist. No	/	38	········
DECEASED			
uce_	-		
rite RURAL and give	e neare	st town)
urai, (Ve location)			
· ST.			-
(Month)	(Day)	(Year)
III Eline	18,		1957
t bethday If under Months.	l year Days	If under Hours	Min.
inter) (19	Citiz	EN OF	WHAT
	OUNTR	Y? 1	-5
-			
	INTER	VAL BE	TWEEN
	01100		
***************		70	0,
*****************************			***********
*******************************	70 B0 B0 B0		
	20. A	UTOPS	
(COUNTY)	Yes	STATE	No 🗆
(000N11)	(SIALE	,
		5	1
, that I last sa	w the	decés	sed
d on the date sta	ted al	oove. E SIGI	NED
1 Ju	ne		1835
(City, town, county	->	100	te)
istarg	10	· CG	C

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick MARYLAND	STATE West Virginia COUNTY	-
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate imits, write RURAL and give	nearest town)
TOWN Augal (Samoville) (In this place)	TOWN Martinafras	
HOSPITAL OR	STREET (If rurai, We location)	
INSTITUTION OR THE CONTROL OF THE CO	ADDRESS W. Kenne CT	
STREET ADDRESS djamerilless		-
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Edyffel de-	France DEATH Sine	18, 1957
5. SEX 6. SOLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE iast brinday If under 1	year If under 24 hrs
Venual White (Specify) final	Oct. 31, 1883 67 yrs. Months. D	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. (CITIZEN OF WHAT
done during most of working life, even if fetired) INDUSTRY	West Vincenna Co	UNTRY? L.S
13. FATHER'S NAME	1 14. MOTHER'S MARDEN NAME	
Gener W de Grane	8-181111	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT	
(Yes, no, or unknown) (If year, give war or dates of	II. INFORMANT	
service)		
18. MEDICAL CEI	PERFECTION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN
n n ·	D. IT	67
Immediate cause (a) Faralyses	agilans	1 geo,
2 Chv.		
33 OXAntecedent cause(s)		
Diseases or conditions, if any, (b)	1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
giving rise to the above cause stating the underlying cause last		
(c)	***************************************	** ** ** ************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from fam. !!	1957 to June 18 1957 that I last care	the declared
22. I hereby termy that I avended the deceased from the service.	1/00	the deceased
alive on	F.m., from the causes and on the date state	ed above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
they the My lider on 1	9: 10. 911	10 100
min, procure, min,	o famence M. Jus	11/1/5
23. BURIAL, CREMATION DATE REMOVAL (Specify) A 21-51 NAME OF CEMETER	RY OR CREMATORY LOOATION (City, town, County)	(State)
Burel June 21. 1 Street 184	Marlinstaro	war
DATE BEC'D BY LOCAL PREGISTRAR'S SIGNATURE	24. FUNEBAL DIRECTOR	ADDRESS @
REG. en 16.57 decercin 17 7 alevne	Ko gelschate and Collins ma	rtinsbur
	The state of the s	tellet



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05961

CERTIFICATE OF DEATH

Reg. Dist. No. 139.

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Garrett
rrederick Maryland	Maryland
CITY (If outside corporate limits, write RURAL and Control of STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN From 9-14-49	TOWN Grantsville - Route # 2
HOSPITAL OR TO 6-11-51 INSTITUTION OR STREET ADDRESS State Sanatorium	STREET (If rural, give location)
3. NAME OF (First) (Middle) DECEASED (Type or Print) Marie	Durst 4. DATE (Month) (Day) (Year) DEATH June 11 19 51
5. SEX Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	Mar. 17, 1926 S. AGE last birthday If under 1 year Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deau ticlan	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.
Floyd H. Durst	14. MOTHER'S MAIDEN NAME Edna Long
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no. or unknown) (If year, give war or dates of 216-24-2662	Patient
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmor	nary Tuberculosis About 22 yrs
LOV	
Antecedent cause(s)	0.000
Diseases or conditions, if any, (b) 3 be giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes □ No 🕅
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept.	14 19 49, toJune 11, 19 51, that I last saw the deceased
SIGNATURE J. D. Ay M. M. Degree of title)	7:00 Dem., from the causes and on the date stated above. ADDRESS State Sanatorium, Md. 6-13-51
REMOVAL (Specify) 6 7 4 51 Scantinul	
REG. 6-11-51 RECHARAS SIGNATURE	24. FUNERAL DIRECTOR ADDRESS William Winterher Grantsville In

DECEINE

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05962

g. Dist. No. 131

1. PLACE OF DEATH COUNTY Fred	ı∙ leri ck	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASED.	TYFrederick
CTT 777 / 77 1 1 1	orporate limits, write RUR. town)Frederick		Name and the same	te limits, write RURAL and	
HOSPITAL OR INSTITUTION OF STREET ADDRESS	R Fundanial Ma	morial Hospital	STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) LINDA	(Middle) GALE	(Last) ENGLAND	4. DATE (Month) OF DEATH	(Day) (Year) 20 ₁₉ 51
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, SINGLE, (Specify) Single	s. DATE OF BIRTH	9. AGE last birthday If under Manth	
done during most of w	ATION (Give kind of work rorking life, even If retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
	England, Jr.		Helen L. Glad	hill	
15. Was Decrased Et	VER IN U.S. ARMED FORCES (11 yes, give war or dates (service)	7 16. SOCIAL SECURITY No. None	Edwin H. Engla	address ind, Jr., Ijamsvi	ille, Md.
		18. MEDICAL CE	CRTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
Immediate 57//) Anteceder	e cause (a)	Dizunher, u-	ndeter mines	d origin	4 wks
Diseases or o	conditions, if any, (b) the above cause nderlying cause last			**************************************	- 45 00 00 00 41 y 555 or 5 tornonggrap 5000 01 case
Conditions contribu	(c) CANT CONDITIONS Iting to the death but not so or condition causing deat	h			
19a. DATE OF OPE		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes ZX No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU		(CITY OR T		Y) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR7	
22. I hereby certi	ify that I attended the	e deceased from 19 Abri	1, 19.51, to 20 du	ne., 19.6%, that I last	saw the deceased
alive on 20 SIGNATURE	Ииме, 19.51., an	d that death occurred at (Degree or title)	3:53 A m., from the ADDRESS	causes and on the date	stated above. DATE SIGNED
James	us. Thon	ran, M. D.	Frederick, Mar	vland 20	June 1951
23. BURIAL, CREM BURIAL (Spec	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY L	OCATION (City, town, or cou Frederick, Mary)	
DATE REC'D BY	PSY REGISTRAR'S	Il & Hech.	24. FUNERAL DIRECTO		ADDRESS
20-/191	2314004			-	

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2411 N. Charles Street, Baltimore

05963

CERTIFICATE OF DEATH

eg. Dist. No. 14/

1. PLACE OF DEATH. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and OR give nearest town) Trumsurck (in this place) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stunderek
HOSPITAL OR INSTITUTION OR 504 Brunswick St.	ADDRESS 504 Brunswick St
A. NAME OF DECEASED (Type or Print) THERY Whilman	Grath June 13 19-1
Male 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, PHYORCED (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday H under 1 year H under 24 hrs. Months Days Hours Min.
109 USUAL OCCUPATION (Give kind of work hole during reloated working life, even if retired) 13. FATHER'S NAME	11. BLATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
trederick Orb	atherine?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give yet or plates of 705-09-7692) (Service)	Mrs. Blass Carb. Brunewick Mr.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Momm	1 - 8 Transch 3 months
Antecedent cause(s) Disease or conditions, il any, giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Not Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from b- 23	
alive on, 19, and that death occurred at	ADDRESS DATE SIGNED
	BY OR EREMATORY LOCATION (City, jown, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Les Centry Co. Harrisburg Pa. ADDRESS /
Rine 23.51 Kathryn N. Brown	IC. H. Feste and Bro Brunewick Md,
	1 -1516

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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05964

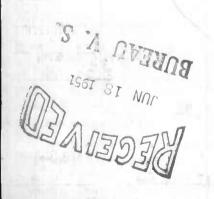
CERTIFICATE OF DEATH

Reg. Dist. No. 139

682000

1. PLACE OF DEATH- COUNTY Transferred and also	2. USUAL RESIDENCE (HOME) OF DECEASED.
frederick Maryland	Maryland COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) From LENGTH OF STAY (i) this place)	Y CITY (If outside corporate limits, write RURAL and give nearest town) OR Baltimore 24
HOSPITAL OR TO 6-14-51 INSTITUTION OR STREET ADDRESS State Sanatorium	STREET (If rural, give location) ADDRESS 419 Elrino Street
(Type of Frinc)	Fortman 4. DATE (Month) (Day) (Year) OF DEATH June 14 (1951)
6. SEX White 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) MATTIEC	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	Maryland COUNTRY? U.S.
13. FATHER'S NAME George Fortman	14. MOTHER'S MAIDEN NAME Lillian Mack
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes. nwo unknown) (If year, give war or dates of 213-10-7106 service)	Patient
18. MEDICAL (CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Davidore	Manual Market 20 man
Immediate cause (a)PULING	mary Tuberculosis About 18 mos.
OZX Antecedent cause(s)	
^	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 📉
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) INJURY	t, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work	HOW DID INJURY OCCUR?
Annil	9 40 5] . Tuno 1/ 405]
22. I hereby certify that I attended the deceased from Ph. A.A.	9, 19.51, to June 14, 1951, that I last saw the deceased
alive on June 14, 19.51 and that death occurred at.	1.55a.m., from the causes and on the date stated above. ADDRESS DATE SIGNED
J.D. Kyon, W. N.	State Sanatorium, Md. 6-15-51
23. BURIAL, CREMATION DATE NAME OF CEMET	Cemetery Location (City, town, or county) (State) Baltimore, Maryland
DATE RECOD BY LOCAL I REGILDRA S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 6-14-51 & N. Dean	M. L. Creager & Son, Thurmont, Md.





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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05965

Reg. Dist. No. 131

4 704 4 045 6 7						
1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Frederick				
Town	rporate limits, write RUR, town Frederick	AL and LENGTH OF STAY 8 Months	CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick			it town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	223 West Fi	fth Street	reet STREET (If rural, give location) ADDRESS 223 West Fifth Street			
3. NAME OF DECEASED (Type or Print)	(Firet) CURTIS	(Middle) - LYCURGUS	FRIERSON, JR.	OF	onth) (Day) 6 23	(Year)
s. sex Male	6. COLOR OR RACE White	7. SINGLE, MARRISD, WIDOWED, DIVORCED; (Specify) Single	8. DATE OF BIRTH 30 Sept 1950	9. AGE last hirthday yrs.	If under 1 year Months Days	If under 24 hrs Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland		12. CITIZI COUNTR	EN OF WHAT
	urgus Frierson		Margaret Seym	our	23 W. 5th	C+
(Yes, new or unknown)	ER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No. None	Curtis L. Frie	LUURESS		
		18. MEDICAL CE	RTIFICATION		1	Don-
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				VAL BETWEEN T AND DEATH
Y 3*		anklyvia	leon		5	-)
Immediate	cause (a)		-	***************************************		Herry
424 O Anteceden	t cause(s)	Strongol	allon			
giving rise to	onditions, if any, (b)		**************************************	****************************	10 00 00 00 00 00 00 00 00 00 00 00 00 0	**************************************
195e stating the un	nderlying cause last					
II. OTHER SIGNIFIC	(e)					
Conditions contribut	ting to the death but not					
	e or condition causing deat RATION 19b. MAJOR F	INDINGS OF OPERATION			1 20. A	UTOPSY?
					Yes	
21. EXTERNAL CAU PRIMARY OR CO	SE WAS PLACE	CE (Home, farm, factory, atreet,	(CITY OR	TOWN) (C		No ZA
CAUSE OF DEATH	. INJU	office bldg., etc.) JRY	Fuder	out, Fred	level .	red.
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OC	CUR? Cours	us head	Active
INJURY 6-23	-51 1:30 P _{m.}	work at work	Tide y eve	+ runtie	· ·	
22. I certify that I obtained by said	took charge of the remail Autopsy, Inspection or	ins described above, held an A Inquiry, find that said dece	utopsy [], Inspection \ ased died on the dry state	Inquiry there	on and from the	ne evidence n resulted
SIGNATURE	causes , accident	suicide , homicide , (Degree or title)	ADDRESS	100	DAT	E SIGNED
6	,	Deputy Medic	al Examiner, Fr	ederick, Md.	23 June	
REMOVAL (Special	tion DATE THEREO (y) 24 June 19	F NAME OF CEMETE	RY OR CREMATORY	Atlanta, Geo		(State)
DATE REC'D BY L 24 Bune 1951	OCAL REGISTRAR'S	SIGNATURE B.	M. R. Etchison			ryland



24 15.

2411 N. Charles Street, Baltimore

05966

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DRATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-		
TURA TICK, MARYLAND	maryland.	Frederick	
CITY (If outside corporate limits, write RURAL and LENGTH OF STA	Salar	ve nearest town)	
TOWN Rural - mt. Kery 10 mouth	TOWN / COURT - My. COURT		
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)		
STREET ADDRESS	ADDRESS Rt 4 - near Har	risville	
3. NAME OF (First) (Middle) DECKASKD	(Last) 4. DATE (Month)	(Day) (Year)	
(Type or Print) /12/Ce 1 rene	FYITZ DEATH JULE	19 1951	
5. SEX Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Lu, doued		Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of vorking life even if retired) 10b. Kind of Business of Industry 10c. Kind of Business of Industry		2. CITIZEN OF WHAT	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- Constant	
Ross Naill	MARY OLEAVER		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Daughter - Mrs. norman Runk	les.	
10 MEDICAL	CERTIFICATION	INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,	ONSET AND DEATH	
anterioral.	stic Heart Disease	7 40000	
Immediate cause (a)	and the second	Jean	
420,0 Antecedent cause(s)			
Diseases or conditions, if any, (b)			
93d stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Brosis, Generalized	unknown	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		Yes No A	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, streen SUICIDE OF office bldg., etc.) HOMICIDE INJURY	ct, (CITY OR TOWN) (COUNTY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF While at Not While INJURY m. Work At work			
7.0	1100 1051 1 1 1 1051 1 1 1		
22. I hereby certify that I attended the deceased from.	1951., to scare 19., 1951, that I last	saw the deceased	
alive on	ADDRESS	tated above. DATE SIGNED	
W.B. Culwell m.D.	mt. airy med. In	me 19, 1951	
23 HIRIAL CREMATION DATE NAME OF CEME		nty) (State)	
(Specify) 6-22-1951 LOCUST	GROVE Frederick Co.	mq.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	21. FUNERAL DIRECTOR	ADDRESS	
JUNE 20, 1951 Clauce U. Kunkl	alxo 111. WAIIZ, WINFIEL	4. 1ng.	

PLEASÉ WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05967

Reg. Dist. No..

COUNTY frederick MARYLAND	STATE MANY IN THE COUNTY	ful.
CITY (If outside corporate limits, write RURAL and OR give nearest town RUNSWICK 4m string place).	CITY (If outside corporate limits, write FURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 12 M. Ung ma Mr.	1.
3. NAME OF DECEASED (First) (Middle) (Type or Print) RELIAN LEVOY	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 8 — 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWID DIVORCED, (Sportfacture)	8. DATE OF BIRTH 9. AGE last birthday If under	Days Hours Min.
done during most of working life even if retired) Light Working life even if retired) Light Working life even if retired)	maryland	. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Grams	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give yer or dates of service)	Townse truth hams	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	occlus is a	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases nr conditions, if any, glving rise to the above cause stating the underlying cause last (c)		
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No D
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg, etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY Not work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described obove, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes accident , suicide , homicide , SIGNATURE (Degree or title)	ased died on the dry stated above, and death in my undetermined	from the evidence opinion resulted DATE SIGNED
		State) State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OREG. 9 - 51 Katheyn H. Brown	24. FONERAL PRECTOR BE Brussely	ADDRESS

S'A STEEL AND SERVICE OF A SERV

-2411 N. Charles Street, Baltimore

05968

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Frederick		2. USUAL RESIDENCE (D. COUNTY	
CITY (If outside corporate limits, write RUR	MARYLAND AL and LENGTH OF STAY	Maryla			
OR give nearest town) Frederick	8 in Day splace)	Baltim	ore	L and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick	Memorial Hospital	STREET ADDRESS 2113	(If rural, give lo East Baltimon	re Street	/
3. NAME OF (First) DECEASED (Type or Print) WILLIAM	(Middle) STEPHEN	(Last) HAHN	OTO	5 7	Year) 19 51
Male White	7. SINGLE, MARKIED, WIDOWED, DIVORCED, (Specify) SINGLE	s. DATE OF BIRTH 13 Sept 1936	9. AGE last birthday yrs.	If under 1 year If under Months Days Hours	24 hrs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business or Industryblic School	Maryland	or foreign country)	12. CITIZEN OF COUNTRY? US!	WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Edward M. Hahn		Ruby Eileen	110	S. Schroeder S	St.
15. Was Deceased Ever In U.S. Armed Forces (Yes, no, or unknown) (If yes, give war or dates of NO service)		Mrs. R. Eileen	ADDRESS	imore, Md.	
	18. MEDICAL CEI	RTIFICATION		Townson Box	
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND I	
T 31-4 (a)	Rhaumatic	Conditis		week	
Immediate cause (a)	N TEC MOONIC		**************************************		
4/6/ Antecedent cause(s) Diseases or conditions, if any, (b)	Rhanguntie.	horant di	sease.	Work	C
giving rise to the above cause		ه واسال سال ۱۰۰۰ الله من ۱۰۰۰ الله من ۱۰۰۰ الله من ۱۱۰۰ الله من ۱۱۰۰ الله من ۱۱۰۰ الله من ۱۱۰ الله من ۱۱۰ الله	A_W_C(1)		***************************************
95) stating the underlying cause last					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h				
19a. DATE OF OPERATION 19b. MAJOR I				1 20. AUTOPS	Y?
				Yes 🗀 N	No IX
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJ	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	rown) (C	OUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
00 7 1 1 40 1 7 1 1 1 1 1	2 - 21 M	1001 . (1)	700 10 001		
22. I hereby certify that I attended the					sed
alive on Sune, 1951, an	d that death occurred at	1:05 A m., from the	causes and on the	date stated above.	
SIGNATURE	(Degree or title)	ADDRESS		_	
James 13. Thorn		rederick, Maryl		8 June 195	51
23. BURIAL SREMATION DATE THERE OF THE PROPERTY OF THE PROPERT	NAME OF CEMETER Methodist Cemeter	me tery	LOCATION (City, town Lewistown, Ma		te)
DATE REC'D BY LOCAL REGISTRAR'S INC. 1951	SIGNATURE TO LEAD	M. R. Etchison	OR .	ADDRESS	nd
11 June 195-1 Challe	M. V. 1\ 1M5	1			

DECEIVED

BUREAU V. S.

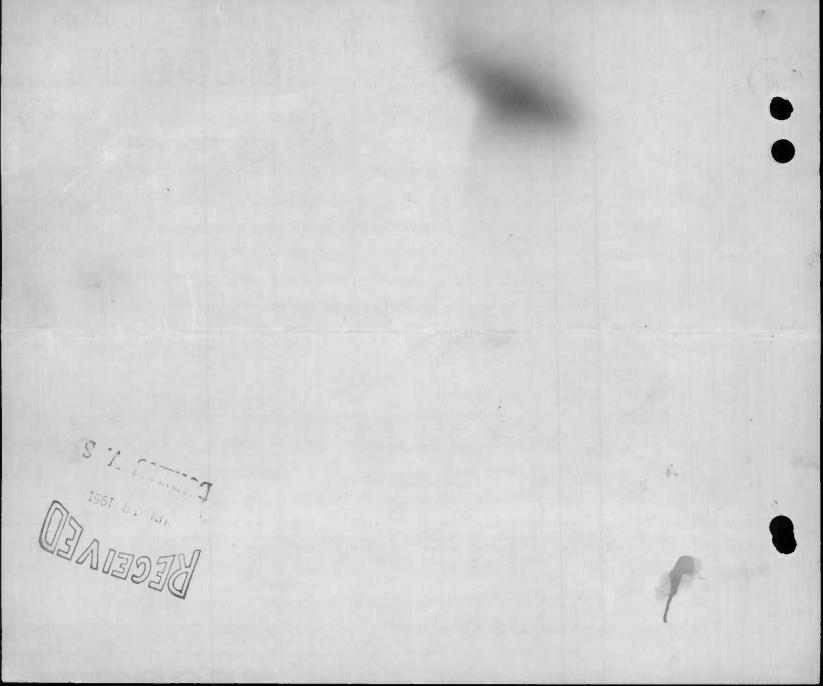
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correct age

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05969

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	dereck.
OR give nearest town		Cersville
HOSPITAL OR	STREET (If rural, give location)	cismice_
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) CARL EDWARD	HARBAUCH DEATH JUNE	14 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under	
rid (Specify)	lung. 27, 1949 / yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		COUNTRY .
	manifaux.	U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Truce Redges Parbaugh	Horothy D. Roderick	
15. WAS DECRASED EVER IN U.S. ASMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
laervice)	Truce H. Harbangh	
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	•	ONSET AND DEATE
Immediate cause (a) Lhown	my	5 min
209 2		
Of (10 Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last	9 1 2 2 3 1 1 2 2 2 2 3 2 2 2 2 2 2 2 2 3 3 3 3	
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No Y
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.)		
CAUSE OF DEATH. INJURY Farm	Near Wolkeville Frederics	A Md.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY 6 /4 . 5/ m. work at work W	accedently fell in S theon	~ .
22. I certify that I took charge of the remains described above, held an	Autopsy Inspection Y. Inquiry X thereon and	from the evidence
22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dece	eased died on the day stated above, and death in my	opinion resulted
from: natural causes , accident suicide , homicide , SIGNATURE (Degree or title)	undetermined .	DATE SIGNED
DR. R. W. BAER		DATE SIGNED
DEPUTY MEDICAL EXAMINED 1. W. 130	er Frederick Mig. 6	. /7 .5
	ERY OR CREMATORY LOCATION (City, town, or count	ty) (State)/
Burial 6/17, 1951 Rade	mr. Walkerson	ple ond.
DATE REC'D BY LOCAL REGISTRA'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
18 June 1957 Elisabeth & Hola.	J. C. Implen 18 h O. Rox	molo mel



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY Treserve MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Full
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside apporate limits, write RURAL and give nearest town) OR DOWN
HOSPITAL OR INSTITUTION OR Memorial Ateputal	STREET (If rural, give location)
3. NAME OF (First) (Middle) DECEASED (Type or Print)	HASKINS OF Month (Day) (Yes
6. SEX 6. COLORGOR RACE 7. SINGLE, MARRIED WIDOWED, (Specifical Married Control of the Control o	S. DATE OF BIRTH 9. AGE last bethday If under 1 year If under 24 Months Days Hours M yrs.
10a. USUAL OCCUPATION (Che kind of work down 10b. Kupu of Business on down during most of working his, even if retired) Industry Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WE COUNTRY?
18. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, given or dates of service) **The control of the co	Mis Musicant Busine Ma
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWE ONSET AND DEA
Immediate cause (a) Realiele	e Coma 3 day
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause iast	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
2: ACCUPANT (3- 1/4) I DIAGRAM (4- 4-4	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	5, 19.51, to 6/17, 19.57, that I last saw the decease
alive on	ADDRESS DATE SIGNE
Cathar 7. Woodwarden. S T. BURIAL CROMATION DATE THEREON I NAME OF CEMETE	rederiels md. 6/17/5
Situation 6-19-51 Mounta	- I I I I I I I I I I I I I I I I I I I
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE.	24. FUNERAL-DIRECTOR BURNING MA
3	820105

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05971

COUNTY BUSINESS MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Buducik
CITY (If outside corporate limits, write RURAL and OR givo nearest town)	OR TOWN Secretary	ve nearest town)
HOSPITAL OR INSTITUTION OR Frederick Memorial Hug	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH THE	(Day) (Year) 3 1957
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Maguella	3. DATE OF BIRTH 2. AGE last bridgy If under Months yrs.	I year If under 24 hrs Days Hours Mln.
done during most of working life, even if retiped) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retiped) 10b. Kind of Business or Industry	1 Maryland	COUNTRY? J.S.A.
13. FATHER'S NAME	Bessie M. Hisson	2.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of 175-10-3555	Mes Roy Hesont Thum	und RAI
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebal The	emfore	3 days
190X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	arcoma (for not)	2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
No.		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.	1, 195/, to June 3, 195/, that I last s	aw the deceased
alive on. 3, 19.5, and that death occurred at SIGNATURE.	ADDRESS ADDRESS	ated above. DATE SIGNED
M. M. Jearre M.D	Trediner Ind.	0/3/51
Benock (Specify) June 6.1957 Blue St	age Contley Thurson!	My .
DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE	14. L. Gelsace Son Thurms	ADDRESS
	1 300	1.98

MEGETVED V. S.
BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05972

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Frederick STATE COUNTY Frederick Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)Frederick CITY (If outside corporate limits, write RURAL and give nearest town) 6(in whise place) Frederick TOWN IN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) 421 North Market Street ADDRESS 421 North Market Street STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF HUDSON ROSE PAULINE 1951 6 6 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED PIVORCED, (Specify) WIGOW 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last hirthday | If under I year | If under 24 hrs. 5. SEX Months [Days Hours | Min. 17 Aug 1861 Female White 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRYTUSA Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Gottleib Gunser 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no lor unknown) (If yes, give war or dates of service) Charles E. Hudson, Frederick. Md. None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 198. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No P PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) 21. ACCIDENT (Specify) (STATE) SUICIDE INJURY HOMICIDE TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not While INJURY Work At work 1951, to han 6, 195, that I last saw the deceased 22. I hereby certify that I attended the deceased from. and that death occurred at. (Degree or title) DATE SIGNED M. D. Frederick, Maryland 8 June 1951 DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION June 1951 Mount Olivet Cemetery Frederick, Maryland DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland





2411 N. Charles Street, Baltimore

05973

CERTIFICATE OF DEATH

I. PLACE OF DEAT			2. USUAL RESIDENCE (ν. ,	
	Frederick	MARYLAND	Maryla		Freque		
OR give nearest	orporate limits, write RUR.	LENGTH OF STAY	CITY (If outside corpor OR RUTA]	ate limits, write Ri		ve nearest to	wn)
HOSPITAL OR INSTITUTION O STREET ADDRE	R		STREET ADDRESS R.D. N	At. Airy	ve location)		
3. NAME OF DECEASED (Type or Print)	DAVID	(Middle) E. KI	EIN (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year) 1951
male	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIOOWEO	8. DATE OF BIRTH 10-5-1862	9. AGE last birthe	day If under Months.	l year If un Days Hou	der 24 hra
done-during most of	ATION (Give kind of work retired)	IOD. KIND OF BUSINESS OR INDUSTRY CATM	Marylane		1	COUNTRY?	F WHAT
13. FATHER'S NAM	E. Frederick		14. MOTHER'S MAIDEN				
15. WAS DECRASED E (Yes, ng) of unknown)	VER IN U.S. ARMED FORCES' (If year, give war or dates of service)	7 I6. SOCIAL SECURITY NO. NONE	Norman E. Kl		Airy,	Md.	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH		. Heart for	lue	INTERVAL ONSET AN	
Diseases or giving rise t stating the til. OTHER SIGNIFI	nt cause(s) conditions, if any, to the above cause anderlying cause last (c) ICANT CONDITIONS uting to the death but not use or condition causing death	Iron Ends cardit	ti and My	ecorditu			***************************************
		FINDINGS OF OPERATION				20. AUTO	PSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 1	rown)	(COUNTY)	Yes []	No 🗆
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
alive on Management of the SIGNATURE 23. BURIAL, CREM	ay 79, 1957, an		ADDRESS ADDRESS ADDRESS AND OF CREMATORY	causes and on	the date st	ated above DATE SI	e.
DATE REC'D BY REG.	- //		24. FUNERAL DIRECTO	***	field.	ADDRES Md.	S
June 9, 1	101100000	a ay warden	A CO ME MEL	1023	/	2010	-

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PECEIVED V. S.
BUREAU V. S.

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05974

132

1. PLACE OF DEATH. Prederick	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASED.	ry redución
CITY (If outside corporate limits, write RUR, OR give nearest town) TOWN LICEAL - Middlett	AL and LENGTH OF STAY	CITY (If outside corpora	ate limits, write RURAL and genetaron -	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	h	STREET	(If rural, give location)	
3. NAME OF (First)	(Middle)	(Last)	14. DATE (Month)	(Day) (Year)
(Type or Print) CHARLES	P.M	KOLB	OF DEATH June	24 195
2 SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Massield	8. DATE OF BIRTH Muy 31, 1884	9. AGE last birthday If und Month	er 1 year Il under 24 hr
done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME Itellians	S. Walt	14. MOTHER'S MAIDEN		Harbey
15. WAS DECRASED EVER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND A		1 11
(Yes, no, or unknown) (If yes, give war or dates of service)	1217-12-2315	Thes tatle	Dioch, due of	I lidg The
	18. MEDICAL CE	RTIFICATION		
1. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEE
	0 - 0	A - A	· ·	ONSEL AND DEATH
Immediate cause (a)	Coloura	y oe ell	rewn	D high
4 × 0.1				-9
Antecedent cause(s) Diseases or conditions, if any, (b)				
giving rise to the above cause	*** • • • • • • • • • • • • • • • • • •	DO TO THE STATE OF		
stating the underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death			•	
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
				Yes No No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING D	CE (Home, farm, factory, street,		OWN) (COUNT	Y) (STATE)
CAUSE OF DEATH.	office bidg., et 300 dlus	I von Wold	come to de	way red
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OC	CUR?	1
Diante 6.2451330m	work at work	21		
22. I certify that I took charge of the remain obtained by said Autopsy, Inspection or	ins described above, held an A Inquiry, find that said dece	eased died on the dry state	Inquiry of thereon and death in m	d from the evidence
from: natural causes accident SIGNATURE	, suicide , homicide , (Degree or title)	undetermined	24 7	Dimi arasını
SIGNATURE	(Degree or title)			DATE SIGNED
of wilder to	my wed ex	15 orderes	, (la 6	· 5 K - 5-1
23. BURIAL, CREMATION DATE THEREO REMOVAL (Specify)	NAME OF CEMETE	BY OR CREMATORY I	OCATION (City, town, or con	onty) (State)
DATE REC'D BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTO		ADDRESS
REGime 27 1951 Blance	0 6 9	m. F. Crease	10 , -+ 1	ismont - Ma
/	111	" J. pro-gue	2/00/100	
. mar	in stadbell	C		source!
				0 9100

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

131

05975

	neeg, Disti Itol.	7
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	,
Trederick MARYLAND	naugana (il	duck
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give	
HOSPITAL OR	TOWN reagerstown - rus	al.
INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS		
3. NAME OF (First) (Middle)	OE ()	(Day) (Year)
(Type or Print) OAMES KENNET L 5. SEX 6. COLOR OR RACE 17. SINGLE MARRIED	ON DEATH	3 1951
WIDOWED, DIVORCED.		year If under 24 hrs Days Hours Min.
(Specify) Single	VCF, 10,1706 / yrs.	
done during most of working life, genal retired) INDUSTRY	II. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT OUNTRY? 1.90 A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.SU.C.
Transler h. Lana	. 9	2 - 18.1
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	ravio
(Yes, no, or unknown) (If yes, give war or dates of service)	Franklin M. Jong, Frumo	nd-Md 120
18. MEDICAL CEI		1.2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	INTERVAL BETWEEN
	a. + c/ a.	ONSET AND DEATH
Immediale cause (a) //www.file	tracture of Shull	Janach.
995 E	0	
Antecedent cause(s) Diseases or conditions, if any, (b)		
glving rise to the above cause stating the underlying cause last	**************************************	TO THE REP. SET SECURITY SET OF SECURITY SECURIT
(0)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
		Yes No IF
21. EXTERNAL CAUSE WAS PRIMARY (FOR CONTRIBUTING OF Office bldg, etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
PRIMARY FOR CONTRIBUTING OF office bldg etc.) 4/5	Mr. Emmitabura Frederick	me
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
INJURY JUNE 3 1951, 24 Am. While at work work	Untomobile allident	
	I VIV	.1 .1
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Laquiry, find that said deceafrem: natural causes , accident , suicide , homicide ,	suropsy , inspection , inquiry thereon and fr	om the evidence
from: natural causes], accident , suicide , homicide],	undetermined .	penion resuited
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles H (order & M. D) Suit & S.	Friderick md.	3/3/51
23. BURIAL, CREMATION DATE HEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county)	(State)
REMUVAL (Shectivi) // // / / / / / / / / / / / / / / / /	ion Cemeteres belagestown,	me
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
"Line 5 = 1951 M. F. Shall	M. L. Creager o Son Thurms	whi h. I.
	in the state of th	1111

BUREAU V. S.
BUREAU V. S.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

05976

I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	1 of 0
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	Manyland	Trid.
TOWN Kurd Burkettsville 17 years)	OR Rural Burkett's ville	(South)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Ella Mae	Mann DEATH 6 -	4 19.5
Female White Towns of the Temper of the Temp	8. DATE OF BIRTH 9. AGE last birthday If under Months Worths	year If under 24 hr
10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) 10b. Kind of Business or INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
William H. Fauble	14. MOTHER'S MAIDEN NAME Louisa M. Sullevare	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Luther C. Mann Burketts ville	2 md
18. MEDICAL CEI		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	100	INTERVAL BETWEEN ONSET AND DEATH
0	Al III	2/11/2 4
Immediate cause (a) Concurbation	e of ans	3 9 4
174 Antecedent cause(s)	0	
Diseases or conditions, if any, (b)	g	
48 b giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
, 1,1	- 1111 F1	
22. I hereby certify that I attended the deceased from.	, 19	aw the deceased
alive on 195 and that death occurred at 195 (Degree or title)	ADDRESS and on the date sta	ated above. DATE SIGNED
11 Me engentre - he	wellindb-lo	6/7/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER PROPERTY OF THE PROPERTY OF	RY OR CREMATORY LOCATION (Cy, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Onne 1-51 Katheyn 74, Brown	16 N. Bite ay Bro / Surveyor	Mol
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05977

COUNTY Frederick MARYLAND	STATE Mary Land COUNTY
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place) TOWN CITY (If outside corporate limits, write RURAL and CITY (In this place) TOWN	CITY (If outside corporate limits, write Russia, and give nearest town) OR TOWN MARKET
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (Type or Print) Local A. Monlgomy	Morgau 4. DATE (Month) (Day) (Year) OF DEATH B X 1951
found 6. COLOR OR RACE 7. SINGLE? MARNED WIDOUS MUDDING BEED,	3-11-1886 9. AGE last birthday If under 1 year Months Days Min.
done define most of vorking his, even if retired) 10b. Kind of Business or Industry I	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Startan Monlgoney	14. MOTHERS MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (II yes, give year or dates of service)	Ler, James Moran Men Market Ma
18. MEDICAL CE	//
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cerebral	hemorrhage Interval Between ONSET and DEATE
33 X Antecedent cause(s)	Aclesonia 10 ys
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	<i>f</i> =
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	20. AUTOPSY? Yes No No
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) UNJURY	
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	Yes No 🗆
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from the statement of the	HOW DID INJURY OCCUR? 195/, to 195/, that I last saw the deceased
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY TIME (Month) (Day) (Year) (Hour) Work At Work	(CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from the SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	HOW DID INJURY OCCUR?
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Work At work alive or MARE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Steely) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 1957, that I last saw the deceased A. m., from the causes and on the date stated above, ADDRESS DATE SIGNED New Market Md. 6-1-5



Correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05978 Reg. Dist. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	264 2007 4272	2. USUAL RESIDENCE (HO	OME) OF DECEASED. COUNT	y to de
(If outside corporate limits, write RURAL	MARYLAND	Control (If gutside corporate	limits, write RURAL and g	ive nearest town)
OR give nealest town) TOWN	(in this place)	TOWN TIKE	usrill	2
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED (1) ret)	(Middle)	Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	<u>'</u> †	luss.	DEATH MAN	30 1951
	SINGLE, MARRIED. WIDOWED, BIVORCED (Specify)	april-6-187	AGE last Sirthday If under Months	Days Hours Min.
	Oh. KIND OF BUSINES OR	11. BIRTHPLACE (State or	foreign country)	COUNTRY OF WHAT
13. FATHER'S NAME	+	14 MOTHER'S MAIDEN	NAME A O. D.	1
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. ANFORMANT	LA WAL	enn
(Yes, no, or unknown) (If yes, give war or dates of service)	nv	John W. Wach	ter treder	ch mp
	18. MEDICAL E	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH		. 0	ONSET AND DEATH
Immediate cause (a) a	entelardias	delatation	, with	16hrs
421/ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	kulmon	y effecto		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
92 a stating the underlying cause last (c)	artic ster	osis		542s+
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19s. DATE OF OPERATION 19h. MAJOR FIN	IDINGS OF OPERATION			20. AUTOPSY?
				Yes No
	(Home, farm, factory, street, office bldg., etc.)	(CITY OR TO		(STATE)
OF V	NJURY OCCURRED Thile at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the		9104 10	3/2057 About I look	and the descent
22. I hereby certify that I attended the c	leceased from	195.7, 10.	my 1907, that I last	saw the deceased
alive on 29., 195/, and SIGNATURE	that death occurred at.	ADDRESS from the c	auses and on the date s	tated above. DATE SIGNED
Boston	eas mo	Indered.	md. In	lu 2-51
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify)	51 PAGE CEMETE	Meters 1	CATION (City, town, or court	aty (State)
DATE REC'D BY LOCAL REGISTRAR'S SI	GNATURE	24. FUNERAL DIVECTOR	and I D	ADDRESS
a hom 13 1 carono	and it is a contract.	" / Luciu	The second of	V- VITTOVA



2411 N. Charles Street, Baltimore

05979

CERTIFICATE OF DEATH

I. PLACE OF DEAT	i.			HOME) OF DECEASED.	VID VIDAY	
COUNTY Fre	derick	MARYLAND	STATE Maryland COUNTY rederick			
OR give nearest	orporate limits, write RURA town) 1ral - Frederic	(in this place)	GITY (If outside corporate limits, write RURAL and give nearest town) OR Rural - Frederick			
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS		STREET (If rural, give location) ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) VIRGINIA	(Last) NUSZ	4. DATE (Month OF DEATH June	16 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	June 15, 1868	9. AGE last hirthday If	under 1 year If under 24 hrs. onths. Days Hours Min.	
done during most of	ATION (Give kind of work corking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Own Home	Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN			
John Go			Mary Eliza	beth Harrison		
	VER IN U.S. ARMED FORCES: (If year, give war or dates of service)		Mr. Emory G. Nu		5, Frederick, Md	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) A cutle, Silalation of function 3 days						
Diseases or giving rise to stating the parties of t	conditions, if any, (b)o the above cause anderlying cause last (c) (c) (c)	6 France	myocardi	les'	3 y sors	
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA(OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (COU	Yes No NTY) (STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
alive on SIGNATURE	W m 9n.	d that death occurred at .5. (Degree or title)	ADDRESS Tredor	causes and on the da	te stated above. DATE SIGNED	
23. BURIAL, CREM REMOVAL (Spec	June 18,1	951 Mount Oli	vet Cemetery	LOCATION (City, town, or Frederick,	Maryland	
DATE REC'D BY	COCAL REGISTRAR'S	signature the s. Hech.	C. E. Cline &	or Son, Frederick	ADDRESS Maryland	
0	5					

SINGEGEI VIEW V. S.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05980

I. PLACE OF DEATH- COUNTY Frede	erick	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECE.	SED. COUNTY	Free	ierick
OR give nearest to	orate limits, write RURA Sraddock Heigh	AL and I LENGTH OF STAY	OP (If outside corporat			e nearest to	wn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS	(If rural, giv			
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day)	(Year)
(Type or Print)	LUCILLE	STEWART	OBERLANDER	OF DEATH	June	21	151
Female	White	7. SENGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	March 10, 1867	9. AGE last birthd: 84 yr	Months	Days If u	nder 24 hrs. urs Min.
done during most of wor Housewife	YON (Give kind of work king life, evon if retired)	10b. Kind of Business on Industry Own Home	Maryland	foreign country)	12	CITIZEN COUNTRY?	OF WHAT
13. FATHER'S NAME	T. Glessner		Mary J. Da				
	R IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND				
(Yes, no, or unknown) (If yes, give war or dates o rvice)	None None	Mr. William C.	ADDRESS Oberlander	, Brade	lock He	aights
		18. MEDICAL CE					Add -
I DISEASES OF CON	DITIONS DIRECTLY						BETWEEN
I. DISEASES ON CON						ONSET AN	DEATH
Immediate	cause (a)	Uremia				6 da	NO
592X Antecedent Diseases or con	cause(s) aditions, if any, he above cause	Thronic for	remelyent	- neples	itis	J4~-	7
13/a stating the und	erlying cause last (c)	anginis	_			1000	onste
	ANT CONDITIONS ng to the death but not or condition causing death	U					
		INDINGS OF OPERATION				20. AUT	OPSY?
						Yes 🗆	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR TO	OWN)	(COUNTY)	(STA	
TIME (Month) (I OF INJURY	Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?			
22. I hereby certify	that I attended the	deceased from Section	0 1950 to Zene	2/. 195/ the	at I last so	w the de	nonend
			//				
signarure	C. al., 1923, and	d that death occurred at 1	ADDRESS	causes and on t	he date sta	DATE S	e. IGNED
13	Odlo.	med mes	Indeed	ck md	- 2	me 2	2-57
23. BURIAL CREMAN REMOVAL (Specify Burial	June 23.1			Frederic	1/		(State)
DATE REC'D BY LO			24. FUNERAL DIRECTOR			ADDRE	
- 22 June 1	soli charr	M. J. TTECO	C. E. Cline & So	on, rreder	ick, Ma	тутак	

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The correct age

D FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

05981

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH COUNTY	·		2. USUAL RESIDENCE (HOME) OF DE	
FRE	DERICK	MARYLAND	MARKLAND	WASHINGTON
OR give nearest	orporate limits, write RURA		CITY (If nutside corporate limits, write OR	RURAL and give nearest town)
	DOLETOWN	(in this place)	TOWN ZITTLESTO	WIV (RURAL)
HOSPITAL OR INSTITUTION OF			STREET (If rural,	give focation)
STREET ADDRES		EET.	ADDRESS BOONS BOR	O ROUTE 2
3. NAME OF	(First)	(Middle)	(Last) 4. DATE	(Mnntb) (Day) (Year)
DECEASED (Type nr Print)	DEIVNIS		OF	JUNE - 16 - 1951
5. SEX	6. COLOR OR RACE		8. DATE OF BIRTH 9. AGE last bir	thday If under 1 year If under 24 hrs.
MALE	WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	OCT . 25-1944 6-7-21	Months Dave House Min
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of w	prking life, even if retired)	INDUSTRY		COUNTRY?
13. FATHER'S NAM	E	AT SCHOOL	ZITTLESTOWN WASH. C	O. NID! U.S.A.
WILBU	D. Menna	OBIZORA	IONA ZITTLE	
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES	7 1 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, nn, nr unknnwn)	(If yes, give war or dates n	NONE	Wil Dus Deservers	as Brown some stars
No	raer vice)	18. MEDICAL CE	WILBUR POFEENBERG	ER BOONSBORO MORZ
			RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
9	1.1	have breater	and skull	
Immediate	e cause			**************************************
8/2,5 Anteceden		41 11 0	11 0 11 1	
Diseases nr c	ennditinns, if any, (b)	Messonalag	can come	**************************************
	nderlying cause last			
	(c)			
II. OTHER SIGNIFI				
	iting to the death but not se or condition causing deat	h.		
19a. DATE OF OPE	RATION 19b. MAJOR F	FINDINGS OF OPERATION		20. AUTOPSY?
no	na -			Yes No W
21. EXTERNAL CAL	USE WAS PLA	CE (Home, farm, factory, street,	(CITY OR TOWN)	(COUNTY) (STATE)
PRIMARY FOR CO CAUSE OF DEATH	INTRIBUTING OF	nffice bldg., etc.)	3uttlestawn	Ulash. ml.
	(Day) (Year) (Hour)	INJURY OCCURRED	NOW DID INJURY OCCUR? Par	acres road
OF INJURY and	16 1951 mi	While at Work A at work	Vin front of soit	
1			4	
22. I certify that I	took charge of the rema	ins described above, held an A	Intopset, Inspection Inquiry	thereon and from the evidence
from: natural	causes accident .	, suicide , homicide ,	ased died on the dry stated above, and	death in my opinion resulted
SHGNATURE	Citabes Li, dictaent	DEPUTY MEDICAL I	ADDRESS 115 7. Pater	DATE SIGNED
D CIV	1 4.000	DEPUTY MEDICAL	XAM,	0 1 1 1 -1
1. Kolu	is needs	WASH. CO., MD	. Hagerstawn	U, md. 6/18/51
23. BURIAL, CREMA REMOVAL (Spec	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY LOCATION (Cit;	y, town, nr county) (State)
BURIAL	JUNE-19-	1951 BOONSBOR	CEMETERY BOINS BOIR	WASH. Co. IND.
DATE REC'D BY I		SIGNATURE .	24. FUNERAL DIRECTOR	ADDRESS
REG. Lene / 7.	5-1 mari	Il adly 116	WM.F. BAST AND SOM	S BOONSBORD MO
			AL A LINIT WWN AND	A TANGET A TANGET AND TANKS



1.843

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05982

131

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
The edition MARYLAND	
OR give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	OR (If outside corporate limits, write RURAL and give nearest town)
The delice Cayly	THE MILLE SILOGE
HOSPITAL OR INSTITUTION OR STREET ADDRESS HE Agrick Wemous Ho-	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last) / 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) MELLIE E.	KEED OF DEATH LINE 18 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday H under 1 year Hours Min. Way - H 9. AGE last birthday H under 1 year Hours Min.
done during most of working life, even if retired) 10h. Kind of Business or Industry Industry	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Brooks afters	Barbise Bottle
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, givewar or dates of now	Course M. Reed Chew Bada, Hell
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
I. DESERBES ON CONDITIONS SANDONS	0/1/a/01 (Be)
Immediate cause (a) Jacobs	o contigue acce
420, O Antecedent cause(s)	a lateration le males
Diseases or conditions, if any, (b)	
93 o stating the underlying cause last	
(c) W/3/1/	WZ M MONY,
Conditions contributing to the death but not related to the disease or condition causing death. (7-11-51 -	eart) ams
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🖸 No 🔄
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY or Work	HOW DID INJURY OCCUR?
Vand.	to the American
22. I hereby ertify that I attended the deceased from	19, 19
James 18-51	The same of the sa
alive op	
Section of the sectio	APPRESE
	AND DATE SIGNED
HA. Mush m. M.	Amon Ander Maringoner
23. HOLDER NAME OF CEMETE	ERY OK CREMATORY LOCATION (City County) (Sate)
H. Musen, m. ~.	ERY OK OREMATORY LOCATION (City town, or county) (State)
23. HOUAL CREMATION DATE THEREOF NAME OF CEMETE RETIOVAL (Specify) 20 57	ERY OF CREMATORY LOCATION (City town, or county) (State)
23. HEROAL CREMATION DATE THEREOF NAME OF CEMETE REGIOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGIS.	(emetery flore out lugine
23. HOUAL CREMATION DATE THEREOF NAME OF CEMETE RETIOVAL (Specify) 20 57	(emetery flore out lugine
23. HEROAL CREMATION DATE THEREOF NAME OF CEMETE REGIOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGIS.	(emetery flore out lugine

SS. AMMARINE.

AND SELECTION.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12

05983

	tteg. Dist. No[• • • • • • • •
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	0
COUNTY (trederick MARYLAND	STATE maryland COUNTY rederice	ck
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in, this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR Frederick	
HOSPITAL OR INSTITUTION OR Tre Serick Memorial Hospital	STREET ADDRESS 209 E. 7 th. St.	
3. NAME OF (First) (Middle) OECEASED (Type or Print) OMAL		Year)
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED WIDOWED, BYJORCED (Specify) Wildows	8. DATE OF BORTH 9. AGE last birthday If under I year If under I year Hours 8 / yrs.	24 hrs
10a. USUAL OCCUPATION (Give kind of work) done during most of working bie, even if retired) Industry Active Management of Business or Industry Active Management of Business or Active Management of Management of Business or Active Management of Mana	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF V COUNTRY? S. S.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,
adam Rohlenburg	mary E. Liggue	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS 209 E. 7 th St.	
(14, 10, of dannown) (17, yes, give was of dates of home	mrs. Pauline Koontz Frederick - Ind.	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETTONET AND D	
(1,0)		
Immediate cause (a) Militaria (c)	edema	
O4. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Kep 10da	
stating the underlying cause last		
(c)	The state of the s	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	Y?
		No B
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Grant Mork	HOW DID INJURY-OCCUR?	
1111	, 19.5.1., to 4/1/4, 19.5.1., that I last saw the decease	hae
0 / 1		2004
alive on	ADDRESS DATE SIGN	1ED
Es Thonas	Frederic Jones	16
Burial (Decily) 6-18-1951 mt. alivet		te)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2. FUNERAL DIRECTOR C. E. Cline & Son - Frederick- Ind.	,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S. Als

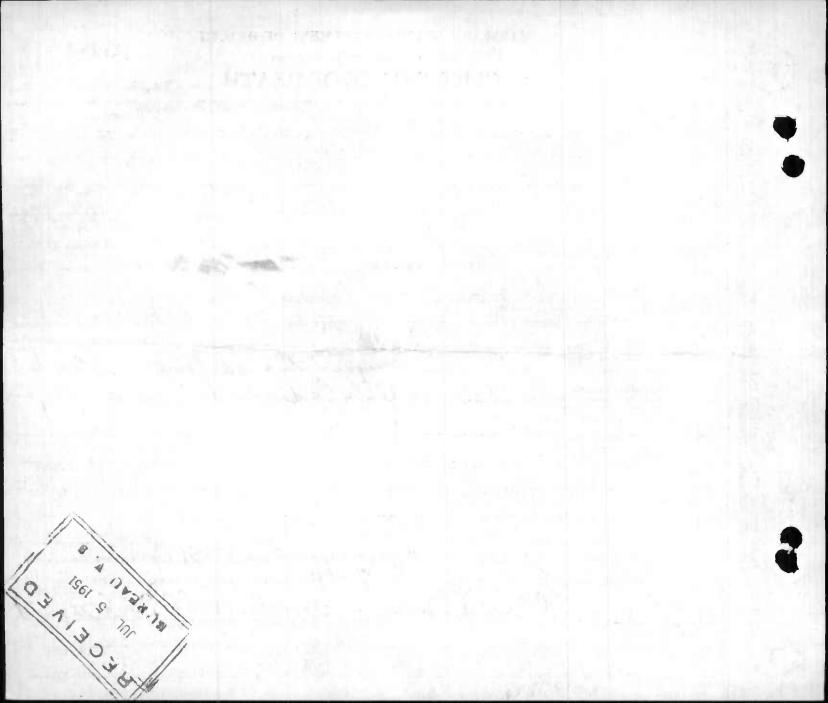


2411 N. Charles Street, Baltimore

05984

CERTIFICATE OF DEATH

1. PLACE OF DEAT	TH.		2. USUAL RESIDENCE (UNTY /
IN COUNTY	corporate limits, write R	MARYLAND URAL and LENGTH OF STAY	me me		nednick
OR give neare	st town) Le Gore	(in this place)	OR TOWN Le	ate limits, write RURAL ar	id give nearest town)
HOSPITAL OR INSTITUTION (STREET ADDR	OR FSS		STREET ADDRESS	(If rural, give location	on)
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED	0	1	6:	OF O	
(Type or Print) 5. SEX	6. COLOR OR RACI	WASHINGTON E 17. SINGLE MARRIED.	SICKLE 18. DATE OF BIRTH	7	nder 1 year If under 24 hr
724	147	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	may 6 1866	Mo Mo	nths Days Hours Min.
10a. USUAL OCCU	PATION (Give kind of we	ork 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	7 1	12. CITIZEN OF WHAT
done during most of	working life, even if retire	ed) Industry	7 Po	e day a cell -	COUNTRY?
13. FATHER'S NA	ME 1	Stone duary	14. MOTHER'S MAIDEN	NAME	E W. SIM!
Chan	lea 111 Se	able	mary War	aner	
	EVER IN U.S. ARMED FOR		17. INFORMANT	y a	
(Yes, no, or unknown	(11 yes, give war or da	tes of	mula you	(11) Sinble	
		18. MEDICAL CI	ERTIFICATION	· we were	
I DISEASES OF C	CONDITIONS DIRECT	LY LEADING TO DEATH		1	INTERVAL BETWEEN ONSET AND DEATH
i. Diblinblo Oit (ONDITIONS DINEOT.	00		1 0	Onder And Darin
Immedia	ite cause (a)	Chronic ma	Do Cardul -	facteur	200
100 1 100	(-)	00 00	H. 10 11	1000	/ >
	ent cause(s) r conditions, if any. (b)	alleriosiler	etre and iora	suvar like	so Oolpen
giving rise	to the above cause	99 40 Mg/M - 10 x 0 x 0 x 0 X x x Mg/m - 10 x 0 X 10 X 1 x 10 M 0 x 0 x 0 x 0 x 10 X 10 X 10 X 10 X 10			
930 stating the	underlying cause last				
II OTHER SIGNII	(c) FICANT CONDITIONS				
Conditions contri	buting to the death but n	ot			
	ease or condition causing e	OR FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT	(Specify) F	PLACE (Home, farm, factory, street,	(CITY OR	TOWN) (COUR	Yes No NTY) (STATE)
SUICIDE HOMICIDE	I	OF office bldg., etc.) NJURY			(000000
TIME (Month)) (Day) (Year) (Hou	r) INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	r	n. Work At work			
00 T 1	100 12 1 T 144 3 . 3	the demand from 1000 t	0 10CK - 250	10 105/ HALTI	A Ab - A 1
22. I hereby cer	thy that I attended	the deceased from	L., 1949, to 00/	(LL., 19, that I is	ist saw the deceased
alive on 20	Chuic 195/	and that death occurred at	7. 200 m. from the	eauses and on the dat	te stated above.
SIGNATURE		(Degree or title)	ADDRESS	0000	DATE SIGNED
21	mul	any ma	Walk	envilled	up 2 Dave I
23. BURIAL, CREI	MATION DATE THE	REOF NAME OF CEMETE	ERY OR CREMATORY	LOCATION (City, town, or	county) (State)
Bure		3, 1951 Lewestown	netwodest	Leurstonou.	Fred. Co. nd
DATE REC'D BY		RESIGNATURE	24. FUNERAL DIRECTO	OR /	ADDRESS
6/2/1					
	5-1 0	O Pourse	+ J. C. Barlen 1	Valkersmille	md.
	5-1	Ofourel	+7.C. 10arlen,	Valkersmille,	md.



2411 N. Charles Street, Baltimore

2711 N. Charles Street, Danialore

05985

Reg. Dist. No. 13

I. PLACE OF DEATH- COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town), TOWN Frederick UNIX		rate limits, write RURAL and gi		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If rural give location)		
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Yann)	
DECEASED (Type or Print) Emory F. Slife		4. DATE (Month) OF DEATH	(Day) (Year)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	1 8. DATE OF BIRTH	9. AGE last birthday If unde	r 1 year IIf under 24 hrs	
male white WHOWED DIVERCED (Specify) married	12/22/1879	9. AGE last birthday If under Months	Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country) 1	2. CITIZEN OF WHAT	
done during most of working life, even if retired) INDUSTRY	362 3 33 - 1	101 -	COUNTRY?	
farm owner, ret. farm	Middletown	1.d	U.S.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN	INAME		
John Slifer	Etta Mullend	Toro		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? I6. SOCIAL SECURITY NO.	17. INFORMANT	TULE		
(Yes, no, or unknown) (If year, give war or dates of		2:0 2:0 1	262	
service)	Mrs. Lola S	lifer, Middleto	own. Md.	
			1-	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION		INTERVAL BETWEEN	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 , ,		ONSET AND DEATH	
Immediate cause (a) Carcinoma of	Kam to te		8 mes	
	1/2023 60 -		0 7000	
1778 Antecedent cause(s) with mutasta	is to Vertebra	+ lever.		
Antecedent cause(s)	200 100 000			
The same of the same (b)				
Diseases or conditions, if any, (b)		***************************************		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	######################################	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	,,4	
related to the disease or condition causing death.			1 00 111110000000	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
no 1950 Carcinoma pros	take		Yes No No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR	TOWN) (COUNTY		
2201111111	HOW DID INJURY OF	CITIDO		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OF	CURI		
	^	.1		
22. I hereby certify that I attended the deceased from april	1951 to June	195 that Tlast	beergod the deceased	
22. I Releast Certify that I attended the deceased from	, 101, 00	10.m onat a rast	saw the deceased	
alive on 19 19 1, and that death occurred at.	1 - m from the	course and on the date of	totad above	
will to desire the same and the	ADDRESS	causes and on the date at	DATE SIGNED	
SIGNATURE (Degree or title)	ADDICESS			
45 Hach This	12 1 Stitores	h	6-12-51	
12/109/11/0	1100000000)		
		LOCATION (City, town, or coun		
Burial (Specify) 6/13/1951 Lutheran	Cemetery	Middletown, Md	1.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTO		ADDRESS	
RHG.				
13 June 1951 Chalullo J. Heck.	GTEGUTTT CO.	. , Middletown,	TIU.	
7		12	300 100	
		16	10100	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. ATS

BUREAU V. S.

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BECEINSD

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

05986

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (I		ASED. COUNT	YFrede	rick
CITY (If outside corporate limits, write RURAL OR give nearest town) TOWN Libertytown		CITY (If outside corporation of Town Libert	nte limits, write RI	JRAL and gi	ve nearest (own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, gi	ve location)		
3. NAME OF (First) DECEASED (Type or Print) CHARLES	(Middle) FRANCIS	(Last) SMITH, SR.	4. DATE OF DEATH	(Month)	(Day) 11	(Year) 1951
Male White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	9 May 1872		lay If under Months	l year If Days H	ours Mln.
done during most of working life, even if retired)	bb. Kind of Business on Mustry Owner	Maryland		1	2. CITIZEN COUNTRY?	OP WHAT USA
Francis F. Smith		Mollie Lee Pa	lmer			
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	16. Social Security No. None	Mrs. C. F. Smi	ADDRESS th, Sr., 1	Liberty	town,	Md.
	18. MEDICAL CE	RTIFICATION			1	
I. DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH	/			ONSET A	L BETWEEN
Immediate cause (a)	Gerebras	Hemork	nge	l d= +dl owol conpub; ng cpach	60	longs
33 / Antecedent cause(s) Diseases or conditions, if any, (b)						
giving rise to the above cause stating the underlying cause last (c)	Arterior &	dursier			100	1ear
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						1
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION				20. AU7	OPSY?
					Yes [No M
SUICIDE OF OF INJURY		(CITY OR		(COUNTY	(ST	ATE)
OF	JURY OCCURRED hile at Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby certify that I attended the d	eceased from fune	4, 19 J. I, to Jun	e. // 19.5-/, tl	nat I last s	aw the	leceased
alive on June 10, 1951, and the SIGNATURE	that death occurred at (Degree or title)	3 A m., from the	causes and on	the date st		ve. SIGNED
W. m. Smith	M. D.	Frederick, Mary			2 June	
23. BURIAL, CREMATION DATE THEREOF BUTIAL (Specify) 13 June 19	St. Peters	Cemetery	Liberty to		yland	(State)
PATE REC'D BY LOCAL REGISTRAR'S SIGNED.	ENATURE	M. R. Etchison	& Son, Fre	ederick	, Mary	land
//	1 /2 -					1 2

BUREAU V. S.

MA 12 1921 SECEINED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

100105

Reg. Dist. No 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTYFrederick Frederick MARYLAND Marvland CTTY (If outside corporate limits, write RURAL and LENGTH OF STAY CTTY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
Rural -(In 3this place) Braddock BOWN. Rural - Braddock HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED ELDRED OF (Type or Print) SMITTH June DEATH 195] 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Male Montha | Days | Hours | Min. !hite 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
Farm Owner INDUSTRY COUNTRY? Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Smith Emma Traver 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of Mr. Howard B. Smith, R.F.D. #5, Frederick, Md. service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No 🗆 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from 1957, that I last saw the deceased 1952. to., to., 19.0. and that death occurred at 10:00 A.m., from the causes and on the date stated above. alive on. SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, oricounty) REMOVAD (Specify) New Market Cemetery New Market, Maryland 195 June 11 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. E. Cline & Son, Frederick, Maryland

ion carefully. death clearly an item es of d Supply every write the caus MARGIN RESERVED INK. please UNFADING t. Physicians: PLAINLY, WITH is especially importan

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MARYLAND STATE DEPARTMENT OF HEALTH

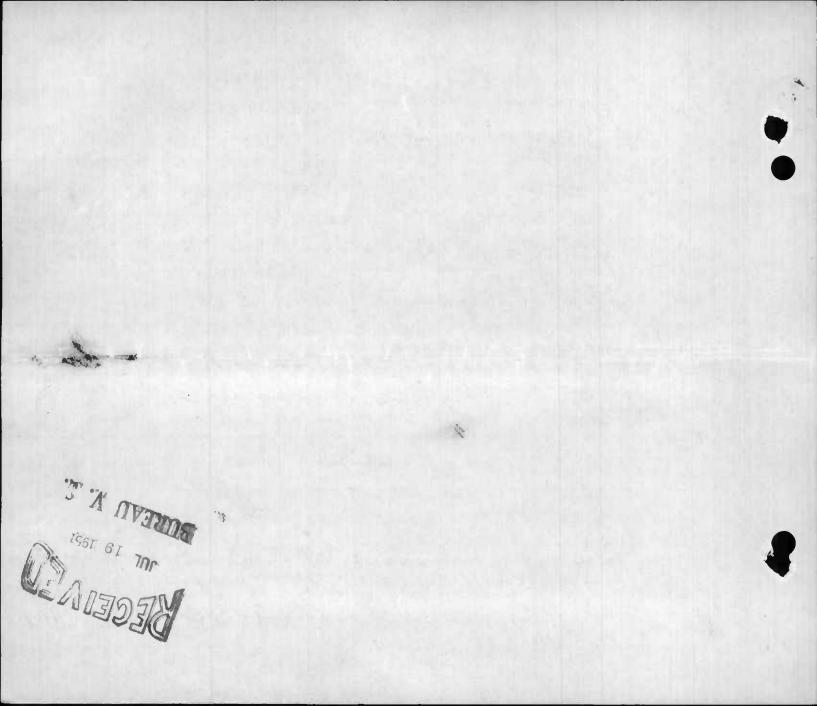
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

127

05988

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
Tresler MARYLAND	Marilana Frederich
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	OR CITY (If outside comorate limits, write RURAL and give nearest town)
TOWN deberfulación lifetime	TOWN Intertiglación
HOSPITAL OR INSTITUTION OR -2.	STREET (If rural, give location)
STREET ADDRESS Main St	Main St
3. NAME OF DECEASED DECEASED DECEASED DECEASED	(Last) 174 4. DATE (Month) (Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	1 S. DATE OF BIRTH 1 2. AGE leat birthday I II under I year III under 24 h
WIDOWED, DIVORCED,	Wonths Days Hours Min
IDa. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA
done during most of working life, even if retired) INDUSTRY	maruloud COUNTRY? US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Cartis	margaret nisodiance
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs Bragine Sappington - Liberty Town.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE ONSET AND DEAT
ant a	
Immediate cause (a) acute 9	m ocasier
422 Antecedent cause(s)	Myorachetis
Diseases or conditions, if any, (b)	myrancy
9 3 stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 1 20. AUTOPSY?
132. DATE OF OTELLATION 130. MANOUS TRADINGS OF OTELLATION	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(000112)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from June	2., 19.3, to June 2.2., 19.5
alive on June 2 2 19 5%, and that death occurred at	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
VINT. W.	11. 1d = 200
23. BURIAL CREMATION DATE THE REOF NAME OF CEMETE	RY OR CREMATORY LQCATION (City, town, or county) (State)
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
The lay of Mac At more	Parall & The to
After of the temporal	on mure



WRITE PLAINLY

PLEASE

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1 3 4

				A STATE OF THE PARTY OF THE PAR	
1. PLACE OF DEATH- COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEAS	COUNTYF	rederick
CITY (If outside corporate limits, write RUR. OR give accreet town) TOWN		CITY (If outside corpor OR TOWN Frederi	ate limits, write RUR		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Emmitsb	urg	STREET ADDRESS 103 We	est 13th Str	ionation)	
3. NAME OF DECEASED (First) (Type or Print)	Brown	STALEY	4. DATE (NOF DEATH		Day) (Year) 3 1951
Male MALE 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 23 Feb 1934	9. AGE last birthday 17 yrs.	Months Da	ear If under 24 bre ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	PUBLIC School	Maryland		12. C	UNTRY? USA
Charles Paul Staley		Letitia Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, ne or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	Charles P. St	aley		
Immediate cause Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS	Surgical Someone Street Stile	hack F. tilia rxi ia + zilula	hula, rt.;		pertant.
Conditions contributing to the death but not related to the disease or condition causing deat				1.2	20. AUTOPSY?
		(CITY OR	TOWN).		Yes No (STATE)
PRIMARY FOR CONTRIBUTING OF CAUSE OF DEATH.	Ci) (Home, farm, factory, street, office hidge etal) URY INJURY OCCURRED	HOW DID INJURY OF	my Fre	derick	ma.
TIME (Month) (Day) (Year) (llour) OF INJURY 6 3/5/2 m.	While at Not while work at work	automoli	ili accio	leut	
22. I certify that I took charge of the rema obtained by said Autopsy, Inspection o from: natural causes □, accident □	tins described above, held an ar Inquiry, find that said dec	Autopsy , Inspection cased died on the day state	I, Inquiry the	reon and fro h in my op	m the evidence inion resulted
Charles & Circles	L. M.D. Jued Exam	ADDRESS	e md		6/3/51
Burial (Specify) DATE THERE	951 Mount Olive	t Cemetery	Frederick,	Maryland	d
DATE REC'D BY LOCAL REGISTIAR'S REG	Shuff	M. R. Etchison			Maryland
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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05990

1. PLACE OF DEATH- COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Loudoun
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town Frederick 3 (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR Lovettsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural, give location)
3. NAME OF DECEASED / (First) (Middle) (Type or Print) / Allie L	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 26 195
5. SEX 6. COLOR OR RACE 7. STNOCH, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last brithday II under 1 year III under 24 hrs. Montha Days Hours Min.
done during most of working life even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	DI BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Yes, no, or unknown) (If yes, give war or dates of service)	Mr. John Stone Vortharille Va.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
A	6. 11.
Immediate cause (a)	mufficiency / west
120, O Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	the Heart Desero
6/ stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	rellitue
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes [] No [2]
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY na. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	7, 195/, to 6/26, 195/, that I last saw the deceased
	A.m., from the causes and on the date stated above. ADDRESS DATE SIGNED
G.a. Tearre M.D. 9	tulerix Md. 6/26/5-1
Bullian (Specify) 29 June 1951 Mount Olive	, , , , , , , , , , , , , , , , , , , ,
2 regune 1951 Elizabeth y. Hech.	M. R. Etchison & Son, Frederick, Maryland



VS. ATS PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05991

CERTIFICATE OF DEATH

I. PLACE OF DEAT			2. USUAL RESIDENCE (I		
COUNTY FT	ederick	MARYLAND	STATE Marylan		OUNTY
CITY III outside o	corporate limits, write RU	RAL and LENGTH OF STAY		ate limits, write RURAL	
OR give nearest	erick. Md.	unal (in this place)	TOTAL Trederic	k	
HOSPITAL OR			STREET	(If rural, give loca	tion)
	ss mergency		ADDRESS - 4th	St. Ext. 2	6W.Sputh St.
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Mont	, (==,,
(Type or Print)	James	Ord	Stroup	DEATH JUN	13
5. SEX W1.	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	May 23, 1883	9. AGE last birthday II	funder 1 year II under 24 hrs. Ionths. Days II ours Min.
	ATION (Give kind of wor	To an annual as	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT
Laured Mary	morking life, even if retired	PLACIS SCATT Key Ho	e/Penn.		GOUNTRY?
13. FATHER'S NAM	(E	Frederickind		NAME	
George	washington	stroup	Kate Spangl	er	
15 Wes Description D	Total II Q Anarom Fond	mo? I IR Comer Comment No	17. INFORMANT AND		
(Yes, no, or unknown)	(If year, give war or date service)	219-14-9998	Mrs. Lerov H	arrison Fr	ed rick Md.
I. DISEASES OR CO	ONDITIONS DIRECTL	Y LEADING TO DEATH	SACRETURE DE LA CONTRACTOR DE LA CONTRAC		INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)_	Carcinoma &	thung	a voluvels a s.i.a v 60 000 000 000 000 000 000 000 000 00	2 years
1/3V		·			
/60/ Anteceder	nt cause(s)		V		
	conditions, If any, (b)	50 to a commence may a consequence to a consequence of a		**************************************	
	o the above cause underlying cause last				
	ICANT CONDITIONS	194 da o o como y consequencia de apparación escapación como está de la como e			***************************************
Conditions contrib	uting to the death but no				
related to the dises	ase or condition causing d	eath. R FINDINGS OF OPERATION			1 90 AVIMODOTIC
19a. DATE OF OPE	MATION 138. MAJOI	CEINDINGS OF OPERATION			20. AUTOPSY?
	(0 - 1/2)	ACE (II	· COMPT OR C	IONAN	Yes No
21. ACCIDENT SUICIDE HOMICIDE	IN OI	JURY	(CITY OR 7		UNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m			133	
22. I hereby cert	tify that I attended	the deceased from March	15 ₁₉ 51 to June	14 19 51 that I	last saw the deceased
Ju	2.4				
alive on SIGNATURE	, 1951,	and that death occurred at	8:58 am., from the	causes and on the d	ate stated above. DATE SIGNED
13en	7	rasy, M.V.	Frederick	Md.	une 14,1951
REMOVAD (Specific Property 1)	aifer) ar	NAME OF CEMETE	(Let	MYRYSU, 1/e	Frederick Md
DATE REC'D BY		'S SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
16 Fline 19	5-1 Elinal	the y Heck	Taul J. Br	the Myer	rilly md.

BUILLY V. S.

1961 81 NII

BECEINED

2411 N. Charles Street, Baltimore

05992

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED.	
1. PLACE OF DEATH- COUNTY Frederick County MARYLAND	STATE Friderick Leonary Many love	e
	CITY (If outside corporate limits, write RURAL and give nearest town)	
OR give nearest town) Rural Meas Suited in this place. TOWN	TOWN Pural - Near Sinoshaling sud	
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS Noul	ADDRESS Rual Man Smithsburg	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	Year)
(Type or Print) Comblet.		194:/
5. SEX 6. COLOR OR RACE 17. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under	24 hrs.
male plite WIDOWED, DIVORCED, (Specify) pridower	June-10-1860 90 - yrs. Months Days Hours	
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) A COUNTRY?	WHAT
done during most of working life, even if retired) ANDUSTRY all his dife	Near Irusthaling and Fred Leo &	ud.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Reter Trans	Dant Klisso	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If year, give war or dates of service) Av	Surge. 7. rang-	
18. MEDICAL CEI	RTIFICATION INTERVAL BET	WEEN
1: 1-1-	0400	
Immediate cause (a) Claude Cod	mary accusion 2 m	7,
11901		
Antecedent cause(s)	1 2 de i 2 de - i 10	/
Diseases or conditions, if any, (b) Jeweralized	l'arterio selevoses at lear	24-
giving rise to the above cause stating the underlying cause last	6470.	,
(C)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	Y?
	Yes 🖂 1	No b
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
1110011		
22. I hereby certify that I attended the deceased from	1949, to Jours 1019 S, that I last saw the decea	ısed
	/	
alive on	ADDRESS The causes and on the date stated above.	NED
Walter H Wishard M.D.	152 W main Waynesboro Pa 6-10	5.51
23. BURIAL, CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (Sta	
REMOVAL (Specify)	Jear Bethal Fred les. mo	
DATE REC'D BY LOCAL REGESTRAR'S SIGNATURE	24. FUNERAL DIRECTOR APDRESS	
REG. 6/1/15/ 1/20/18:41/	Course B. Hoover Smithobic	-
" I will will will	1 minge 10.	-

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

EASE

NOW 13 1951

BUREAU V. S.

4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05993

			7 20
Reg.	Dist.	No	139

1. PLACE OF DEATH	ederick		2. USUAL RESIDENCE (H		CEASED.	ry _	
CITY (If outside c OR give nearest	orporate limits, write RUR.	(Im this place)	CITY (If outside corpore	te limite, write	RURAL and g	ive nearest	town)
HOSPITAL OR		to 6-20 51	TOWN Baltin		give location)		
INSTITUTION OF	RSSState Sanat	orium	ADDRESS	Bank St	-		/
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Stanislaus 6. COLOR OR RACE		anowicz	DEATH	June	29	1951
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATT160	May 8. 1887	9. AGE last bird	thday If unde Month		under 24 hrs. Lours Min.
10a. USUAL OCCUP	ATION (Give kind of work verling life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o)	12. CITIZEN COUNTRY	U.S.
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME			0.0.
	Ulanowicz		Unknown				
15. WAS DECRASED E (Yes, no. or unknown)	VER IN U.S. ARMED FORCES (1f yes, give war or dates of service)	None	Patient	ADDRESS	te .		
		18. MEDICAL CE	RTIFICATION				
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH					AND DEATH
Immediat	e cause (a)	Pulmo	nary Tubercul	osis	Abo	ut 11	yrs.
Anteceder	nt cause(s)						
Diseases or	conditions, if any, (b)	***************************************	## >>> > + + + + + + + + + + + + + + + +	Deck mare 4 septil 2 for a 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		41 ad dip fin fin 42 5 4 4 4	
	o the above cause inderlying cause last						
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	h.					
		INDINGS OF OPERATION				20. AU	TOPSY?
						Yes [No X
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA(OF	CE (Home, farm, factory, street, office bldg., etc.) IRY	(CITY OR T	OWN)	(COUNT)	(S1	TATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	CUR?	. 15		. 1
INJURY	m.	Work At work			*	7	3,4
22. I hereby certi	ify that I attended the	deceased from Dec. 21	1940 to June 2	9. 19. 51	that I last	shw the	déceased
		d that death occurred at		42.	15		1.00
SIGNATURE	10.2.4, 411	(Degree A title)	ADDRESS	causes and o	n the date s		SIGNED
A	Yh NorM	he.d.	State Sanator	ium, Mo	1.,	6-30-	
23. BURIAL, CREM	ATION I DATE THERE	F NAME OF CEMETE	RY OF CREMATORY L	OCATION (City			
BUTTAL (Spec					v. town. or con	ntvi	(State)
	(ify) July 12,	1951 Sacred H	Heart of Mary	Baltimo		rylar	(State)
DATE REC'D BY	LOCAL REGISTAR'S		Heart of Mary	Baltimo	ore, Ma	rylar	id RESS
DATE REC'D BY	LOCAL REGISTAR'S	1951 Sacred H	Heart of Mary	Baltimo	ore, Ma 1930 Ea	rylar	nd RESS 1 Ave.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. |3|

	Reg. Dist. No. 1 3
1. PLACE OF DEATH- COUNTY Letter MARYLAND CITY (If outside corporate limits, write RURAL/and LENGTH OF STAY CITY (If outside corporate limits, write RURAL/and LENGTH OF STAY CITY (If outside corporate limits,	COUNTY Westerney
OR give nearest town) Trederick (in this place) OR Trederick	write RURAK and give nearest town)
STREET ADDRESS Trederick memorial Hospit ADDRESS	rural, give location)
	ATH June 6 1951
male white (Specify) Direct 7/23/82	ast hirthday If under 1 year If under 24 hrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work of business of liberature) deb during sees of works life, even if retired) The state of business of liberature Marilland	A COUNTRY () A
13. FATHER'S NAME Clias & Vallative 14. MOTHER'S MAIDEN NAME Maria U	etrel
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. Social Security No. In. Ethel And Address of Security No. In. Ethel 1882.	Emmitabing ms
18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinomia Skung.	0 4200. +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	
4/10 stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	20. AUTOPSY?
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) OF office bidg., etc.)	
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN)	Yes No
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF While at Not While	Yes No (COUNTY) (STATE)
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) OF office bldg., etc.) HOMICIDE INJURY INJURY OCCURRED OF OFFICE OF	Yes No (COUNTY) (STATE) 5.7., that I last saw the deceased and on the date stated above.
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While INJURY OCCUR?) While at Not While INJURY 22. I hereby certify that I attended the deceased from 17, 1951, to 19, 19, 19, 19, 19, 10, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	Yes No (COUNTY) (STATE) 5.7., that I last saw the deceased
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 17 1951, to 16 19. alive on 1956, 1956, and that death occurred at 12 19. SIGNATURE: (Degree or title) Paradlesick Materials (Degree or title) Paradlesick (Degree or	Yes No (COUNTY) (STATE) 5.7., that I last saw the deceased and on the date stated above. DATE SIGNED
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 12 17, 1951, to 19. alive on 19.51, and that death occurred at 12 2 m, from the causes a SIGNATURE (Degree or title) ADDRESS ADDRESS	Yes No (COUNTY) (STATE) 5.7., that I last saw the deceased and on the date stated above. DATE SIGNED

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

BECEINED

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PLEASE.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05995

CERTIFICATE OF DEATH

1. PLACE OF DEAT	·H•		2. USUAL RESIDENCE (ASED.	
COUNTY Fred	erick	MARYLAND	Marylan			Frederick
OR give neares	corporate limits, write RUR t town) Frederick	AL and LENGTII OF STAY (in this place)	OR Middlet	own-Rural F	RAL and give	nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R Fradarials Ma	emorial Hospital	STREET Near	(If rural, giv Braddock He		
3. NAME OF	(First)	(Middle)	(Last)		(Month)	(Day) (Year)
(Type or Print)	ELMER	ELSWORTH	WATERMAN	OF DEATH		27 1951
Male Male	%. COLOR OR RACE White	7. SINGLE, MARNED, WIDOWED, BYORC, (Speelfy) WIDOWED	s. DATE OF BIRTH Unknown	1 68 ?	ay If under I Months	year If under 24 hrs Days Hours Min.
done during most of Retired	ATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry Owner	Maryland	or foreign country)		CITIZEN OF WHAT
13. FATHER'S NAM	Æ.		14. MOTHER'S MAIDEN	NAME		
Curtis L	. Waterman		Unknown		11	
15. WAS DECEASED E (Yes, no. or unknown)	EVER IN U.S. ARMED FORCES (If yes, give war or dates service)	16. SOCIAL SECURITY NO. None	Mrs. Lillian B	Abrecht,	R. D. # Middlet	
		18. MEDICAL CE				,
I DICEAGES OF C	ONDITIONS DIRECTLY				- 44	INTERVAL BETWEEN
I. DISEASES UR C	ONDITIONS DIRECTLY	2. TO	ratio hear	41.		ONSET AND DEATH
Immedia	te cange (a)	critico- dell'	ralle heart	aurelas	2	31.10
1/000		with decen	valuation.		11	X 00000.
	nf cause(s) conditions, if any, (b)	0 +	1			
giving rise	to the above cause	Janua 1	Meller	4 444 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		6 musi
1170 stating the	underlying cause last					
IL OTHER STONIE	(e)					
Conditions contrib	outing to the death but not	h				
		FINDINGS OF OPERATION				20. AUTOPSY?
						Yes No S
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	rown)	(COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF INJURY	m.	While at Not While Work At work		170 a . and	ate I	
			- 2204		TO THE T	- P
22. I hereby cer	tify that I attended th	e deceased from	e, 1951, to 27 Je	(1), 19 7 / h	at I last sa	the deceased
alive on 2.	7 June 10 4/ an	d that death occurred at	11:10 Pm from the	correct and the	he data eta	
SIGNATURE	110	(Pegree or title)	ADDRESS	Causes and on	ne date sta	DATE SIGNED
Charle	L X Con	llex M. D.	Frederick, Mar	yland ·	A 28 J	une 1951
23. BURIAL, OREN BURFMQVAL (Spe	date there 29 June	NAME OF CEMETE	ery or crematory metery	LOCATION (City, to Petersville	own, or county	and (State)
DATE REC'D BY	LOCAL REGISTRAR'S	An D. 11 0	M. R. Etchison	OR STATE OF THE PARTY OF THE PA		ADDRESS
- 17 June	10 1 mon	elle J. Track				

RECEIVED

JUL 1 1951

PLEASE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05996

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
THE HOLL CKE MARYLAND	Maryland fred.
CITY (If outside corporate limits, write RUBAL and LENGTH OF STAY OR give nearest (Am) (an this place)	CITY (If outside corporate limits, write RYRAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS // West C "St	STREET ADDRESS // While Sheet
3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print) Clesabeth Prydeucl	Watts 4. DATE (Month) (Day) (Year) OF DEATH 6 17 195
6. COLOR OR RACE 7. SINGLE, MARKED, WILDOW ED. DURCED,	8. DATE OF BIRTH 9. AGE last birthday If uoder I year If under 24 hr. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY NOTE INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME GLORYL T. Walts	May Cligarick Keller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknowo) (If yes, give yer or dates of service) World	Mrs. C. R. Slive Dressevict Md.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Cereberal,	Terrockage 3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	Las Lumopaya
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
A DYACE (IV.	Yes No
21. A CCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?
6/17 01	1951, to 6/17, 1951, that I last saw the deceased
alive on 1951, and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	PAULICALULE ~ O 6/6/5/ ERY OR CREMATORY LOCATION (City, town, or county) (State)
ApriloVAL (Specify) 6-20-51 Park H	eights Benesuret md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PREG. 20-51 Rathryn N. Brown	6. N. Feile V Bes Bureriot Md.

TANKAN SE NOT THE NOTE OF THE SECONDARY OF THE SECONDARY

The correct ag-

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05997

I. PLACE OF DEATH COUNTY Free	n· lerick	MARYLAND	2. USUAL RESIDENCE (STATE Maryland	HOME) OF DECEASE	COUNTY Frederick
TOWN give nearest	orporate limits, write RUR. town)Frederick	AL and LENGTH OF STAY Life this place)	OR Frede		L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	R 138 East Str	eet	STREET	(Il rural, give lo	ocation)
3. NAME OF DECEASED (Type or Print)	(First) JOANNE	(Middie) VICTORIA	(Last) WEEDON	4. DATE (Mo	onth) (Day) (Year) 5 · 12 1951
Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 20 April 1951		If under I year If under 24 hr. Months Days Hours Min.
done during most of w	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRYTUSA
Albert J.	Weedon, Sr.		Lola Jeffers	מו	D 4 C1
15. Was DECRASED Ex (Yes. 19, or unknown)	/ER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No. None	Albert J. Weed	on, Sr., Fred	lerick, Md.
		18. MEDICAL CE	RTIFICATION		4
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
Immediate	cause (a)	1 neum	u.d.	000 00 0001 1 1 00 0 10 1 00 00 0	5 days.
giving rise to	of cause(s) conditions, if any, (b) the above cause nderlying cause last	coryya		*******************************	2 wrs.
II. OTHER SIGNIFI Conditions contribu related to the disease	(c) CANT CONDITIONS ting to the death but not se or condition causing deat	h.			
19a. DATE OF OPER	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL CAU PRIMARY or CO CAUSE OF DEATH	NTRIBUTING OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (C	Yes No Z
DELLEG (Month)	(Day) (Year) (Hour) (25/. /30 Am.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CUR?	
ooiainea ou said	l Autovsy, Inspection or	ins described above, held an A Inquiry, find that said dece , suicide , homicide , (Degree or title)	aged died on the day state	S, Inquiry X there ed above, and death	on and from the evidence in my opinion resulted DATE SIGNED
23. BURIAL, CREME	· Waer	Deputy Medical	l Examiner, Fred	lerick, Md.	12 June 1951
BREYSTAL (Speci	(y) 14 June 1	951 Fairview Cen		rederick, Ma	ryland (State)
DATE REC'D BY I		the S. Hech.	M. R. Etchison	& Son, Fred	erick, Maryland
20 430	120436	5			

05998

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY						
rre	derick	MARYLAND	2. USUAL RESIDENCE (I		COUNTY	Frederick
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick 2011 Yhis place)			CITY (It outside corporate limits, write RURAL and give nearest town) OR Frederick			
HOSPITAL OR INSTITUTION OF STREET ADDRES		Market Street	STREET ADDRESS 1014 N	(If rural, give orth Market	t Stree	t
3. NAME OF DECEASED (Type or Print)	(First) HATTIE	(Middle) ESTELLE	(Last) ZIMMERMAN	OF DEATH	Month)	(Day) (Year) 16 19 51
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, PIVORSED, (Specify) WICOW	s. DATE OF BIRTH 13 Nov 1866	84 yn	. Months	
done during most of w	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland		12	COUNTRY? USA
John N. S	tockman	14. MOTHER'S MAIDEN NAME Amanda Biser 702 Trail Avev				
(Yes, no or unknown)	ver In U.S. Armed Forces (If yes, give war or dates of lacrvice)	None	Floyd E. Zimme	ADDRESS	ederick	
		18. MEDICAL CE	RTIFICATION			INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	/	1- 1-			ONSET AND DEATH
Immediate	e cause (a)	- les hoses	of knew	1 N 2 GG T N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 O 1 N 1 N		234
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	it cause(s)					
/ L/10CMSOB U1 (
giving rise to	conditions, if any, (b)		00 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	** \$4*\$4\$00 2 2 \$4**\$4 2 0 2 2 0*** &\$66\$ \$4 \$ \$4 \$6 \$5 2 0 2 1	7 7 0 000 0 000 0 00 0 0 1 0 000 2 2 0 000 2 0 000 2 2 0 000 2 2 0 000 2 2 0 000 2 2 0 000 2 2 0 000 2 2 0 000 2 0 000 2 2 0 000 2 0 0	***************************************
346 giving rise to	the above cause inderlying cause last		#\$ \$ 64* 18 50 \$ 0.35 \$ \$## det \$ 3 \$ + 6+0 \$ \$## + \$ 2 * \$ ##prove@aggs on agree aggs		7 7 6 000 0 6 6 6 00 0 00 0 0 7 2 7 0 60 0 2 2	
11. OTHER SIGNIFI Conditions contribu	the above cause nderlying cause last (c) CANT CONDITIONS uting to the death but not					
11. OTHER SIGNIFI Conditions contribu related to the disea	the above cause inderlying cause last (c) CANT CONDITIONS string to the death but not see or condition causing deat	h. FINDINGS OF OPERATION				20. AUTOPSY?
11. OTHER SIGNIFI Conditions contribu related to the disea	the above cause inderlying cause last (c) CANT CONDITIONS string to the death but not see or condition causing deat					20. AUTOPSY? Yes No OX
11. OTHER SIGNIFI Conditions contribu related to the disea	c the above cause instruction (c) CANT CONDITIONS thing to the death but not see or condition causing deat RATION 19b. MAJOR I	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	TOWN)	(COUNTY)	Yes No 250X
11. OTHER SIGNIFI Conditions contribu related to the disea 19a. DATE OF OPE: 21. ACCIDENT SUICIDE HOMICIDE	c the above cause inderlying cause last (c) CANT CONDITIONS uting to the death but not so or condition causing deat RATION 19b. MAJOR F (Specify) PLA	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR 7		(COUNTY)	Yes No 250X
11. OTHER SIGNIFI Conditions contribu related to the diseas 19a. DATE OF OPE: 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	c the above cause inderlying cause last (c) CANT CONDITIONS sting to the death but not see or condition causing deat RATION 19b. MAJOR I (Specify) (Specify) PLA OF INJU (Day) (Year) (Hour) m.	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While		CUR7		Yes No (STATE)
11. OTHER SIGNIFI Conditions contribu related to the diseas 19a. DATE OF OPE: 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certified.	co the above cause inderlying cause last (c) CANT CONDITIONS of the death but not see or condition causing deat (Condition) (Specify) (Specify) (Day) (Year) (Hour) m.	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC., 19.49, to 6-1.	CUR7	at I last s	Yes No CIX
11. OTHER SIGNIFI Conditions contribu related to the disea 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certi alive on	cothe above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJU (Day) (Year) (Hour) m. ify that I attended the first that I attended the see of	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED While at Not While Work At work dedeceased from At work (Degree or titie) M. D.	How DID INJURY OC., 19#9, to 6 P m., from the ADDRESS Frederick, Mary	CUR? 19.5/, the causes and on the causes and causes an	at I last so he date sta	aw the deceased ated above. DATE SIGNED June 1951
11. OTHER SIGNIFI Conditions contribu related to the diseas 19a. DATE OF OPE: 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certically contributed in the contribu	co the above cause inderlying cause last (c) CANT CONDITIONS tring to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJU (Day) (Year) (Hour) m. (ify that I attended the first that I attended the property of the	CE (Home, farm, factory, street, office bidg., etc.) INJURY OCCURRED While at Not While Work At work de deceased from (Degree or title) M. D. OF NAME OF CEMETE Reformed Co	How DID INJURY OC. 19.#9, to 6-1.6 6 P m., from the ADDRESS Frederick, Mary OR CREMATORY I DEMONSTRATE TO THE PROPERTY OF THE PROPERTY I DEMONSTRATE TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY I DEMONSTRATE TO THE PROPERTY OF THE PR	curi, 19.5/, the causes and on the causes and continuous (City, to Jefferson,	at I last sinhe date str	aw the deceased ated above. DATE SIGNED June 1951
11. OTHER SIGNIFI Conditions contribu related to the disea 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certi alive on	co the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR R (Specify) PLA OF INJU (Day) (Year) (Hour) m. ify that I attended the first that I attended the property of the pr	CE (Home, farm, factory, street, office bidg., etc.) INJURY OCCURRED While at Not While Work At work de deceased from (Degree or title) M. D. OF NAME OF CEMETE Reformed Co	How DID INJURY OC., 19#9, to 6 P. m., from the ADDRESS Frederick, Mary	curi, 19.5/, the causes and on the causes and control (City, to Jefferson, or	at I last so the date str 18 own, or equat Maryla	aw the deceased ated above. DATE SIGNED June 1951 Ey) (State) ADDRESS
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